

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF OREGON

Case number (if known)

Chapter you are filing under:

- Chapter 7
- Chapter 11
- Chapter 12
- Chapter 13

Check if this is an amended filing

## Official Form 101

# Voluntary Petition for Individuals Filing for Bankruptcy

12/22

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

### Part 1: Identify Yourself

#### About Debtor 1:

##### 1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

**Aloysius**

First name

**N.**

Middle name

**Fobi**

Last name and Suffix (Sr., Jr., II, III)

#### About Debtor 2 (Spouse Only in a Joint Case):

First name

Middle name

Last name and Suffix (Sr., Jr., II, III)

##### 2. All other names you have used in the last 8 years

Include your married or maiden names and any assumed, trade names and *doing business as* names.

Do NOT list the name of any separate legal entity such as a corporation, partnership, or LLC that is not filing this petition.

##### 3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

**xxx-xx-9108**

**About Debtor 1:****4. Your Employer Identification Number (EIN), if any.**

EIN

**5. Where you live****16900 SE McKinley  
Gresham, OR 97080**

Number, Street, City, State &amp; ZIP Code

**Multnomah**

County

**If your mailing address is different from the one above, fill it in here.** Note that the court will send any notices to you at this mailing address.

Number, P.O. Box, Street, City, State &amp; ZIP Code

**About Debtor 2 (Spouse Only in a Joint Case):**

EIN

**If Debtor 2 lives at a different address:**

Number, Street, City, State &amp; ZIP Code

County

**If Debtor 2's mailing address is different from yours, fill it in here.** Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State &amp; ZIP Code

**6. Why you are choosing this district to file for bankruptcy****Check one:**

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- I have another reason.  
Explain. (See 28 U.S.C. § 1408.)

**Check one:**

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- I have another reason.  
Explain. (See 28 U.S.C. § 1408.)

**Part 2: Tell the Court About Your Bankruptcy Case**

7. **The chapter of the Bankruptcy Code you are choosing to file under** *Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.*

Chapter 7  
 Chapter 11  
 Chapter 12  
 Chapter 13

8. **How you will pay the fee**

**I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.  
 **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).  
 **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. **Have you filed for bankruptcy within the last 8 years?**

No.  
 Yes.

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
 District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
 District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_

10. **Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?**

No  
 Yes.

Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_  
 District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_  
 Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_  
 District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_

11. **Do you rent your residence?**

No. Go to line 12.  
 Yes. Has your landlord obtained an eviction judgment against you?  
 No. Go to line 12.  
 Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

**Part 3: Report About Any Businesses You Own as a Sole Proprietor****12. Are you a sole proprietor of any full- or part-time business?** No. Go to Part 4. Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

**13. Are you filing under Chapter 11 of the Bankruptcy Code, and are you a *small business debtor* or a debtor as defined by 11 U.S.C. § 1182(1)?**

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a *small business debtor* or a debtor choosing to proceed under Subchapter V so that it can set appropriate deadlines. If you indicate that you are a *small business debtor* or you are choosing to proceed under Subchapter V, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).

 No. I am not filing under Chapter 11. No. I am filing under Chapter 11, but I am NOT a *small business debtor* according to the definition in the Bankruptcy Code. Yes. I am filing under Chapter 11, I am a *small business debtor* according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11. Yes. I am filing under Chapter 11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11.**Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention****14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?**

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

 No. Yes.

What is the hazard? \_\_\_\_\_

If immediate attention is needed, why is it needed? \_\_\_\_\_

Where is the property? \_\_\_\_\_

Number, Street, City, State &amp; Zip Code \_\_\_\_\_

**Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling****15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:**

You must check one:

**I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

**I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

**I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

**I am not required to receive a briefing about credit counseling because of:**

 **Incapacity.**

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

 **Disability.**

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

 **Active duty.**

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

**About Debtor 2 (Spouse Only in a Joint Case):**

You must check one:

**I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

**I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

**I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

**I am not required to receive a briefing about credit counseling because of:**

 **Incapacity.**

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

 **Disability.**

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

 **Active duty.**

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

**Part 6: Answer These Questions for Reporting Purposes**

16. <b>What kind of debts do you have?</b>	16a. <b>Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."</b>		
	<input checked="" type="checkbox"/> No. Go to line 16b.		
	<input type="checkbox"/> Yes. Go to line 17.		
16b. <b>Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.</b>			
	<input type="checkbox"/> No. Go to line 16c.		
	<input checked="" type="checkbox"/> Yes. Go to line 17.		
16c. <b>State the type of debts you owe that are not consumer debts or business debts</b>			
<hr/>			
17. <b>Are you filing under Chapter 7?</b>	<input checked="" type="checkbox"/> No. I am not filing under Chapter 7. Go to line 18.		
<b>Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?</b>	<input type="checkbox"/> Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?		
	<input type="checkbox"/> No		
	<input type="checkbox"/> Yes		
<hr/>			
18. <b>How many Creditors do you estimate that you owe?</b>	<input type="checkbox"/> 1-49 <input checked="" type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> More than 100,000
<hr/>			
19. <b>How much do you estimate your assets to be worth?</b>	<input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input checked="" type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion
<hr/>			
20. <b>How much do you estimate your liabilities to be?</b>	<input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input checked="" type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion

**Part 7: Sign Below****For you**

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**/s/ Aloysius N. Fobi****Aloysius N. Fobi**  
Signature of Debtor 1

Signature of Debtor 2

Executed on April 28, 2023  
MM / DD / YYYYExecuted on \_\_\_\_\_  
MM / DD / YYYY

**For your attorney, if you are represented by one**

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

**If you are not represented by an attorney, you do not need to file this page.**

/s/ Michael D. O'Brien

Signature of Attorney for Debtor

Date

**April 28, 2023**

MM / DD / YYYY

**Michael D. O'Brien**

Printed name

**Michael D. O'Brien & Associates, P.C.**

Firm name

**12909 SW 68th Parkway, Suite 160  
Portland, OR 97223**

Number, Street, City, State & ZIP Code

Contact phone **503-786-3800**

Email address

**enc@pdxlegal.com**

**951056 OR**

Bar number & State

**United States Bankruptcy Court**  
**District of Oregon**

In re Aloysius N. Fobi

Debtor(s)

Case No.

Chapter

11

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept .....	\$	<u>25,942.50</u>
Prior to the filing of this statement I have received .....	\$	<u>25,942.50</u>
Balance Due .....	\$	<u>0.00</u>

2. The source of the compensation paid to me was:

Debtor       Other (specify): **For additional detail of compensation already paid see the Application to Employ and the Verified Statement**

3. The source of compensation to be paid to me is:

Debtor       Other (specify): **For additional detail of compensation to be paid see the Application to Employ and the Verified Statement**

4.  I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**appeals of interlocutory or final orders. Representation shall terminate upon (a) entry of an Order converting the chapter 11 case to a case under any other chapter of the Code, (b) entry of an order appointing a Trustee or (c) entry of an Order dismissing the case.**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

April 28, 2023

*Date*

/s/ Michael D. O'Brien

**Michael D. O'Brien**

*Signature of Attorney*

**Michael D. O'Brien & Associates, P.C.**

**12909 SW 68th Parkway, Suite 160**

**Portland, OR 97223**

**503-786-3800 Fax: 503-272-7796**

**enc@pdxlegal.com**

*Name of law firm*

Fill in this information to identify your case:

Debtor 1	<b>Aloysius N. Fobi</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF OREGON		
Case number (if known)			

Check if this is an amended filing

## Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

#### Part 1: Summarize Your Assets

		<b>Your assets</b> Value of what you own
1.	<b>Schedule A/B: Property</b> (Official Form 106A/B)	\$ 900,000.00
1a.	Copy line 55, Total real estate, from Schedule A/B.....	\$ 900,000.00
1b.	Copy line 62, Total personal property, from Schedule A/B.....	\$ 169,118.00
1c.	Copy line 63, Total of all property on Schedule A/B.....	\$ 1,069,118.00

#### Part 2: Summarize Your Liabilities

		<b>Your liabilities</b> Amount you owe
2.	<b>Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 106D)	\$ 1,034,282.00
2a.	Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$ 1,034,282.00
3.	<b>Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 106E/F)	\$ 0.00
3a.	Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....	\$ 0.00
3b.	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> .....	\$ 3,250,553.00
		<b>Your total liabilities</b> \$ 4,284,835.00

#### Part 3: Summarize Your Income and Expenses

4.	<b>Schedule I: Your Income</b> (Official Form 106I)	\$ 14,067.00
	Copy your combined monthly income from line 12 of <i>Schedule I</i> .....	\$ 14,067.00
5.	<b>Schedule J: Your Expenses</b> (Official Form 106J)	\$ 13,810.00
	Copy your monthly expenses from line 22c of <i>Schedule J</i> .....	\$ 13,810.00

#### Part 4: Answer These Questions for Administrative and Statistical Records

- Are you filing for bankruptcy under Chapters 7, 11, or 13?  
 No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.  
 Yes
- What kind of debt do you have?  
 Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.  
 Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ _____
----------

9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

	<b>Total claim</b>	
<b>From Part 4 on Schedule E/F, copy the following:</b>		
9a. Domestic support obligations (Copy line 6a.)	\$ _____	
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ _____	
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ _____	
9d. Student loans. (Copy line 6f.)	\$ _____	
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ _____	
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ _____	
9g. <b>Total.</b> Add lines 9a through 9f.	<table border="1"><tr><td>\$ _____</td></tr></table>	\$ _____
\$ _____		



**3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles**

No  
 Yes

3.1 Make: **Toyota**  
 Model: **Tundra**  
 Year: **2021**  
 Approximate mileage: **55000**

Other information:

**Value based on KBB Good Value**

**Who has an interest in the property? Check one**

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this is community property  
 (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property?      Current value of the portion you own?**

**\$40,542.00      \$40,542.00**

**4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

No  
 Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=> **\$40,542.00**

**Part 3: Describe Your Personal and Household Items**

Do you own or have any legal or equitable interest in any of the following items?

**Current value of the portion you own?**  
 Do not deduct secured claims or exemptions.

**6. Household goods and furnishings**

Examples: Major appliances, furniture, linens, china, kitchenware

No  
 Yes. Describe.....

**Misc. household goods and furnishing including bed and couch**

**\$2,000.00**

**7. Electronics**

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

No  
 Yes. Describe.....

**Misc. home electronics**

**\$5,000.00**

**8. Collectibles of value**

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

No  
 Yes. Describe.....

**9. Equipment for sports and hobbies**

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

No  
 Yes. Describe.....

**Tennis Rackets, Basket Ball, Golf clubs, bicycle**

**\$350.00**

**10. Firearms***Examples: Pistols, rifles, shotguns, ammunition, and related equipment*

No  
 Yes. Describe.....

**11. Clothes***Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories*

No  
 Yes. Describe.....

<b>Clothes</b>	<b>\$2,000.00</b>
----------------	-------------------

**12. Jewelry***Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver*

No  
 Yes. Describe.....

**13. Non-farm animals***Examples: Dogs, cats, birds, horses*

No  
 Yes. Describe.....

**14. Any other personal and household items you did not already list, including any health aids you did not list**

No  
 Yes. Give specific information.....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here .....

\$9,350.00
------------

**Part 4: Describe Your Financial Assets**

Do you own or have any legal or equitable interest in any of the following?

**Current value of the portion you own?**  
 Do not deduct secured claims or exemptions.

**16. Cash***Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition*

No  
 Yes.....

<b>Cash</b>	<b>\$2,000.00</b>
-------------	-------------------

**17. Deposits of money***Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.*

No  
 Yes.....

Institution name:

17.1. Checking	Bank of America Acct #1090	\$1,001.00
----------------	----------------------------	------------

17.2. Checking	Bank of America Acct #8548	\$25.00
----------------	----------------------------	---------

17.3. Credit Union	Onpoint CU	\$3,000.00
--------------------	------------	------------

17.4.	<b>Coinbase Account</b>	<b>\$200.00</b>
17.5.	<b>Venmo Account - No Balance</b>	<b>\$0.00</b>

**18. Bonds, mutual funds, or publicly traded stocks***Examples:* Bond funds, investment accounts with brokerage firms, money market accounts No Yes.....

Institution or issuer name:

<b>E-Trade Account</b>	<b>\$1,000.00</b>
------------------------	-------------------

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture** No Yes. Give specific information about them.....

Name of entity:

% of ownership:

<b>Pacific Northwest Aesthetics Center PLLC, dba Northwest Aesthetics - Negative Balancesheet Value</b>	<b>%</b>	<b>\$0.00</b>
---	----------	---------------

<b>SMS Northwest LLC, an active Oregon limited liability company - No balance sheet value</b>	<b>100</b>	<b>%</b>	<b>\$0.00</b>
---	------------	----------	---------------

<b>Sound Integrated Medical Center PLLC, an active Washington limited liability company. Balance sheet insolvent</b>	<b>100%</b>	<b>%</b>	<b>\$0.00</b>
--	-------------	----------	---------------

<b>1 share of Northwest Acute Care Specialists PC subject to restricted transfer and defined value</b>	<b>1</b>	<b>%</b>	<b>\$2,500.00</b>
--	----------	----------	-------------------

<b>Fobi Sports LLC - an active Oregon limited liability company - Negative Balance Sheet Value</b>	<b>10.8%</b>	<b>%</b>	<b>\$0.00</b>
--	--------------	----------	---------------

<b>Sawubona, LLC - Negative Balance sheet Value</b>	<b>19</b>	<b>%</b>	<b>\$0.00</b>
---	-----------	----------	---------------

**20. Government and corporate bonds and other negotiable and non-negotiable instruments***Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them. No Yes. Give specific information about them

Issuer name:

**21. Retirement or pension accounts***Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans No Yes. List each account separately.

Type of account:

Institution name:

<b>401k</b>	<b>NWACS 401k Plan</b>	<b>\$100,000.00</b>
-------------	------------------------	---------------------

**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

No

Yes. ....

Institution name or individual:

**23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)**

No

Yes..... Issuer name and description.

**24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

No

Yes..... Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

No

Yes. Give specific information about them...

**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property**

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

No

Yes. Give specific information about them...

**27. Licenses, franchises, and other general intangibles**

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No

Yes. Give specific information about them...

**Portland Timbers season tickets**

**\$2,000.00**

**Money or property owed to you?**

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

**28. Tax refunds owed to you**

No

Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

**Tax Refund owing to Debtor - Subject to  
Offset by other tax liabilities - likely no  
equity after offsets**

**Unknown**

**29. Family support**

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

No

Yes. Give specific information.....

**30. Other amounts someone owes you**

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

No

Yes. Give specific information..

**Lloyd Fobi owes debtor remainder of purchase price for  
Pacific Northwest Urgent Care Goodwill - payable over next  
18 months**

**\$7,500.00**

**31. Interests in insurance policies**

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

 No Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

**Term - Life Insurance - No Cash Surrender Value****\$0.00****32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

 No Yes. Give specific information..**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

Examples: Accidents, employment disputes, insurance claims, or rights to sue

 No Yes. Describe each claim.....**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims** No Yes. Describe each claim.....**35. Any financial assets you did not already list** No Yes. Give specific information..

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

**\$119,226.00****Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.****37. Do you own or have any legal or equitable interest in any business-related property?** No. Go to Part 6. Yes. Go to line 38.**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.**  
If you own or have an interest in farmland, list it in Part 1.**46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?** No. Go to Part 7. Yes. Go to line 47.**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above****53. Do you have other property of any kind you did not already list?**

Examples: Season tickets, country club membership

 No Yes. Give specific information.....

54. Add the dollar value of all of your entries from Part 7. Write that number here .....

**\$0.00**

**Part 8: List the Totals of Each Part of this Form**

55. Part 1: Total real estate, line 2 .....		\$900,000.00
56. Part 2: Total vehicles, line 5	\$40,542.00	
57. Part 3: Total personal and household items, line 15	\$9,350.00	
58. Part 4: Total financial assets, line 36	\$119,226.00	
59. Part 5: Total business-related property, line 45	\$0.00	
60. Part 6: Total farm- and fishing-related property, line 52	\$0.00	
61. Part 7: Total other property not listed, line 54	\$0.00	
	+	
62. Total personal property. Add lines 56 through 61...	<b>\$169,118.00</b>	Copy personal property total
63. Total of all property on Schedule A/B. Add line 55 + line 62		<b>\$1,069,118.00</b>

Fill in this information to identify your case:

Debtor 1	<b>Aloysius N. Fobi</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF OREGON		
Case number (if known)			

Check if this is an amended filing

## Official Form 106C

### Schedule C: The Property You Claim as Exempt

4/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

##### 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

##### 2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own <small>Copy the value from <i>Schedule A/B</i></small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
16900 SE McKinley Gresham, OR 97080 Multnomah County Appraised Value per 2021 Line from <i>Schedule A/B</i> : 1.1	\$900,000.00	<input checked="" type="checkbox"/> \$15,600.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(1)
2021 Toyota Tundra 55000 miles Value based on KBB Good Value Line from <i>Schedule A/B</i> : 3.1	\$40,542.00	<input checked="" type="checkbox"/> \$4,450.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(2)
Misc. household goods and furnishing including bed and couch Line from <i>Schedule A/B</i> : 6.1	\$2,000.00	<input checked="" type="checkbox"/> \$2,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Misc. home electronics Line from <i>Schedule A/B</i> : 7.1	\$5,000.00	<input checked="" type="checkbox"/> \$5,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Tennis Rackets, Basket Ball, Golf clubs, bicycle Line from <i>Schedule A/B</i> : 9.1	\$350.00	<input checked="" type="checkbox"/> \$350.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)

Debtor 1	<u>Aloysius N. Fobi</u>	Case number (if known)		
Brief description of the property and line on <i>Schedule A/B</i> that lists this property		Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Copy the value from <i>Schedule A/B</i>	<i>Check only one box for each exemption.</i>	
<b>Clothes</b> Line from <i>Schedule A/B: 11.1</i>		<u><b>\$2,000.00</b></u>	<input checked="" type="checkbox"/> <b>\$2,000.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(d)(3)</b>
<b>Cash</b> Line from <i>Schedule A/B: 16.1</i>		<u><b>\$2,000.00</b></u>	<input checked="" type="checkbox"/> <b>\$2,000.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(d)(5)</b>
<b>Checking: Bank of America Acct #1090</b> Line from <i>Schedule A/B: 17.1</i>		<u><b>\$1,001.00</b></u>	<input checked="" type="checkbox"/> <b>\$1,001.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(d)(5)</b>
<b>Checking: Bank of America Acct #8548</b> Line from <i>Schedule A/B: 17.2</i>		<u><b>\$25.00</b></u>	<input checked="" type="checkbox"/> <b>\$25.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(d)(5)</b>
<b>Credit Union: Onpoint CU</b> Line from <i>Schedule A/B: 17.3</i>		<u><b>\$3,000.00</b></u>	<input checked="" type="checkbox"/> <b>\$3,000.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(d)(5)</b>
<b>Coinbase Account</b> Line from <i>Schedule A/B: 17.4</i>		<u><b>\$200.00</b></u>	<input checked="" type="checkbox"/> <b>\$200.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(d)(5)</b>
<b>E-Trade Account</b> Line from <i>Schedule A/B: 18.1</i>		<u><b>\$1,000.00</b></u>	<input checked="" type="checkbox"/> <b>\$1,000.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(d)(5)</b>
<b>Portland Timbers season tickets</b> Line from <i>Schedule A/B: 27.1</i>		<u><b>\$2,000.00</b></u>	<input checked="" type="checkbox"/> <b>\$2,000.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(d)(5)</b>
<b>Lloyd Fobi owes debtor remainder of purchase price for Pacific Northwest Urgent Care Goodwill - payable over next 18 months</b> Line from <i>Schedule A/B: 30.1</i>		<u><b>\$7,500.00</b></u>	<input checked="" type="checkbox"/> <b>\$4,375.00</b> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<b>11 U.S.C. § 522(d)(5)</b>

3. **Are you claiming a homestead exemption of more than \$189,050?**

(Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.)

No

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

No

Yes

**Fill in this information to identify your case:**

Debtor 1	<b>Aloysius N. Fobi</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>DISTRICT OF OREGON</u>			
Case number (if known)			

Check if this is an amended filing

Official Form 106D

## Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

**1. Do any creditors have claims secured by your property?**

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

Yes. Fill in all of the information below.

## Part 1: List All Secured Claims

2. List all secured creditors' names and addresses for each claim. If more than one creditor is listed, list as many as possible, listing the largest claim first.

more than one secured claim, list the creditor separately. If a particular claim, list the other creditors in Part 2. List the creditors in alphabetical order according to the creditor's name.

Column A	Column B	Column C
<b>Amount of claim</b> Do not deduct the value of collateral. <b>\$112,998.00</b>	<b>Value of collateral that supports this claim</b> <b>\$0.00</b>	<b>Unsecured portion</b> If any <b>\$112,998.00</b>

**201 Solar St.  
Syracuse, NY 13024**

Number, Street, City, State & Zip Code

**As of the date you file, the claim is:** Check all that apply.

**Who owes the debt? Check one.**

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt**

<b>As of the date you file, the claim is:</b> Check all that apply.
<input type="checkbox"/> Contingent
<input type="checkbox"/> Unliquidated
<input checked="" type="checkbox"/> Disputed
<b>Nature of lien.</b> Check all that apply.
<input checked="" type="checkbox"/> An agreement you made (such as mortgage or car loan)
<input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)
<input type="checkbox"/> Judgment lien from a lawsuit
<input type="checkbox"/> Other (including a right to offset) <b>UCC 914</b>

Date debt was incurred 3/20/2018

**Last 4 digits of account number**

Debtor 1 **Aloysius N. Fobi** Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

2.2 **Matthew & Ronna Schenk** Describe the property that secures the claim: **\$145,000.00** **\$900,000.00** **\$0.00**  
Creditor's Name

**42081 Saddlebrook Place  
Leesburg, VA 20176**

Number, Street, City, State & Zip Code

**Who owes the debt?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim relates to a community debt**

Describe the property that secures the claim:  
**Second Trust Deed on 16900 SE  
McKinley Gresham, OR 97080  
Multnomah County  
Appraised Value per 2021**

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

**Nature of lien.** Check all that apply.

An agreement you made (such as mortgage or secured car loan)  
 Statutory lien (such as tax lien, mechanic's lien)  
 Judgment lien from a lawsuit  
 Other (including a right to offset) **Second Mortgage**

Date debt was incurred **9/1/2020**

Last 4 digits of account number \_\_\_\_\_

2.3 **Northwest Farm Credit Services** Describe the property that secures the claim: **\$739,464.00** **\$900,000.00** **\$0.00**  
Creditor's Name

**2345 NE Overlook Dr.,  
Suite 100  
Beaverton, OR 97006**

Number, Street, City, State & Zip Code

**Who owes the debt?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim relates to a community debt**

Describe the property that secures the claim:  
**First Trust Deed on 16900 SE  
McKinley Gresham, OR 97080  
Multnomah County  
Appraised Value per 2021**

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

**Nature of lien.** Check all that apply.

An agreement you made (such as mortgage or secured car loan)  
 Statutory lien (such as tax lien, mechanic's lien)  
 Judgment lien from a lawsuit  
 Other (including a right to offset) **First Mortgage**

Date debt was incurred \_\_\_\_\_

Last 4 digits of account number **2975** \_\_\_\_\_

Debtor 1 **Aloysius N. Fobi** Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

2.4 **Toyota Financial Services** Describe the property that secures the claim: **\$36,820.00** **\$40,542.00** **\$0.00**  
Creditor's Name

**Bankruptcy Department  
PO Box 8026  
Cedar Rapids, IA  
52408-8026**

Number, Street, City, State & Zip Code

**Who owes the debt?** Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim relates to a community debt**

2021 Toyota Tundra 55000 miles  
Value based on KBB Good Value

As of the date you file, the claim is: Check all that apply.

Contingent  
 Unliquidated  
 Disputed

**Nature of lien.** Check all that apply.

An agreement you made (such as mortgage or secured car loan)  
 Statutory lien (such as tax lien, mechanic's lien)  
 Judgment lien from a lawsuit  
 Other (including a right to offset) **Auto Loan**

Date debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Add the dollar value of your entries in Column A on this page. Write that number here:

If this is the last page of your form, add the dollar value totals from all pages.  
Write that number here:

**\$1,034,282.00**

**\$1,034,282.00**

**Part 2: List Others to Be Notified for a Debt That You Already Listed**

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

[ ] Name, Number, Street, City, State & Zip Code  
**CCMR3**  
**Attn: Jennifer Jones**  
**318 S. Clinton Street, Suite 400**  
**Syracuse, NY 13202**

On which line in Part 1 did you enter the creditor? **2.1**

Last 4 digits of account number \_\_\_\_\_

[ ] Name, Number, Street, City, State & Zip Code  
**Christopher Cali**  
**CJC Law Office**  
**201 Solar Street**  
**Syracuse, NY 13204**

On which line in Part 1 did you enter the creditor? **2.1**

Last 4 digits of account number \_\_\_\_\_

**Fill in this information to identify your case:**

Debtor 1	<b>Aloysius N. Fobi</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>DISTRICT OF OREGON</u>			
Case number (if known)			

Check if this is an amended filing

Official Form 106E/F

---

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

## Part 1: List All of Your PRIORITY Unsecured Claims

**1. Do any creditors have priority unsecured claims against you?**

No. Go to Part 2

Yes

**2. List all of your priority unsecured claims.** If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

		Total claim	Priority amount	Nonpriority amount	
2.1	<b>City Of Portland- Revenue Bureau</b> Priority Creditor's Name <b>111 SW Columbia St., #600</b> <b>Portland, OR 97201</b> Number Street City State Zip Code	Last 4 digits of account number	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
		When was the debt incurred?			
		As of the date you file, the claim is: Check all that apply			
	<input checked="" type="checkbox"/> Debtor 1 only	<input type="checkbox"/> Contingent			
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Unliquidated			
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Disputed			
	<input type="checkbox"/> At least one of the debtors and another	Type of PRIORITY unsecured claim:			
	<input type="checkbox"/> Check if this claim is for a community debt	<input type="checkbox"/> Domestic support obligations			
	Is the claim subject to offset?	<input checked="" type="checkbox"/> Taxes and certain other debts you owe the government			
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Claims for death or personal injury while you were intoxicated			
	<input type="checkbox"/> Yes	<input type="checkbox"/> Other. Specify _____			
		<b>Precautionary</b>			

Debtor 1 **Aloysius N. Fobi**

Case number (if known)

2.2	<b>Department of Labor &amp; Industries</b> Priority Creditor's Name <b>State of Washington</b> <b>Bankruptcy Notices</b> <b>312 SE Stonemill Drive, Suite 120</b> <b>Vancouver, WA 98684-3508</b> Number Street City State Zip Code	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
When was the debt incurred? _____					
As of the date you file, the claim is: Check all that apply					
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim:					
<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____					
<b>Precautionary</b>					
2.3	<b>Internal Revenue Service</b> Priority Creditor's Name <b>Bankruptcy Notices</b> <b>PO Box 7346</b> <b>Philadelphia, PA 19101-7346</b> Number Street City State Zip Code	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
When was the debt incurred? _____					
As of the date you file, the claim is: Check all that apply					
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim:					
<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____					
<b>Precautionary</b>					
2.4	<b>Multnomah County -DART</b> Priority Creditor's Name <b>Bankruptcy Department</b> <b>POB 2716</b> <b>Portland, OR 97208-2716</b> Number Street City State Zip Code	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
When was the debt incurred? _____					
As of the date you file, the claim is: Check all that apply					
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim:					
<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____					
<b>Precautionary</b>					

Debtor 1 **Aloysius N. Fobi**

Case number (if known) \_\_\_\_\_

2.5	<b>Oregon Bureau of Labor &amp; Industries</b> Priority Creditor's Name <b>800 NE Oregon St.</b> <b>Suite 1045</b> <b>Portland, OR 97232</b> Number Street City State Zip Code	Last 4 digits of account number	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
	<b>Who incurred the debt?</b> Check one.	When was the debt incurred?			
	<input checked="" type="checkbox"/> Debtor 1 only				
	<input type="checkbox"/> Debtor 2 only				
	<input type="checkbox"/> Debtor 1 and Debtor 2 only				
	<input type="checkbox"/> At least one of the debtors and another				
	<input type="checkbox"/> <b>Check if this claim is for a community debt</b>				
	<b>Is the claim subject to offset?</b>				
	<input checked="" type="checkbox"/> No				
	<input type="checkbox"/> Yes				
	<b>As of the date you file, the claim is: Check all that apply</b>				
	<input type="checkbox"/> Contingent				
	<input type="checkbox"/> Unliquidated				
	<input type="checkbox"/> Disputed				
	<b>Type of PRIORITY unsecured claim:</b>				
	<input type="checkbox"/> Domestic support obligations				
	<input checked="" type="checkbox"/> Taxes and certain other debts you owe the government				
	<input type="checkbox"/> Claims for death or personal injury while you were intoxicated				
	<input type="checkbox"/> Other. Specify _____				
	<b>Precautionary</b>				
2.6	<b>Oregon Department Of Revenue</b> Priority Creditor's Name <b>Bankruptcy Notice Dept.</b> <b>955 Center Street, NE</b> <b>Salem, OR 97301-2555</b> Number Street City State Zip Code	Last 4 digits of account number	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
	<b>Who incurred the debt?</b> Check one.	When was the debt incurred?			
	<input checked="" type="checkbox"/> Debtor 1 only				
	<input type="checkbox"/> Debtor 2 only				
	<input type="checkbox"/> Debtor 1 and Debtor 2 only				
	<input type="checkbox"/> At least one of the debtors and another				
	<input type="checkbox"/> <b>Check if this claim is for a community debt</b>				
	<b>Is the claim subject to offset?</b>				
	<input checked="" type="checkbox"/> No				
	<input type="checkbox"/> Yes				
	<b>As of the date you file, the claim is: Check all that apply</b>				
	<input type="checkbox"/> Contingent				
	<input type="checkbox"/> Unliquidated				
	<input type="checkbox"/> Disputed				
	<b>Type of PRIORITY unsecured claim:</b>				
	<input type="checkbox"/> Domestic support obligations				
	<input checked="" type="checkbox"/> Taxes and certain other debts you owe the government				
	<input type="checkbox"/> Claims for death or personal injury while you were intoxicated				
	<input type="checkbox"/> Other. Specify _____				
	<b>Precautionary</b>				
2.7	<b>Oregon Dept. Of Consumer &amp; Business Svcs</b> Priority Creditor's Name <b>PO Box 14480</b> <b>Salem, OR 97309-0405</b> Number Street City State Zip Code	Last 4 digits of account number	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
	<b>Who incurred the debt?</b> Check one.	When was the debt incurred?			
	<input checked="" type="checkbox"/> Debtor 1 only				
	<input type="checkbox"/> Debtor 2 only				
	<input type="checkbox"/> Debtor 1 and Debtor 2 only				
	<input type="checkbox"/> At least one of the debtors and another				
	<input type="checkbox"/> <b>Check if this claim is for a community debt</b>				
	<b>Is the claim subject to offset?</b>				
	<input checked="" type="checkbox"/> No				
	<input type="checkbox"/> Yes				
	<b>As of the date you file, the claim is: Check all that apply</b>				
	<input type="checkbox"/> Contingent				
	<input type="checkbox"/> Unliquidated				
	<input type="checkbox"/> Disputed				
	<b>Type of PRIORITY unsecured claim:</b>				
	<input type="checkbox"/> Domestic support obligations				
	<input checked="" type="checkbox"/> Taxes and certain other debts you owe the government				
	<input type="checkbox"/> Claims for death or personal injury while you were intoxicated				
	<input type="checkbox"/> Other. Specify _____				
	<b>Precautionary</b>				

Debtor 1 **Aloysius N. Fobi**

Case number (if known)

2.8	<b>Oregon Employment Department</b> Priority Creditor's Name <b>Employer Taxes</b> <b>875 Union Street NE, Room 107</b> <b>Salem, OR 97311</b> Number Street City State Zip Code	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
When was the debt incurred? _____					
As of the date you file, the claim is: Check all that apply					
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim:					
<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____					
<b>Precautionary</b>					
2.9	<b>TriMet Tax</b> Priority Creditor's Name <b>c/o Oregon Dept. of Revenue</b> <b>Po Box 14555</b> <b>Salem, OR 97309</b> Number Street City State Zip Code	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
When was the debt incurred? _____					
As of the date you file, the claim is: Check all that apply					
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim:					
<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____					
<b>Precautionary</b>					
2.1	<b>Washington State Dept. Of Revenue</b> Priority Creditor's Name <b>General Account Administration</b> <b>PO Box 47476</b> <b>Olympia, WA 98504-7464</b> Number Street City State Zip Code	Last 4 digits of account number	\$0.00	\$0.00	\$0.00
When was the debt incurred? _____					
As of the date you file, the claim is: Check all that apply					
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim:					
<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____					
<b>Precautionary</b>					

**Part 2: List All of Your NONPRIORITY Unsecured Claims**

3. Do any creditors have nonpriority unsecured claims against you?

No. You have nothing to report in this part. Submit this form to the court with your other schedules.

Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

			Total claim
4.1	<b>AAA Champion, LLC</b> Nonpriority Creditor's Name <b>201 Williams Blvd, NW Orting, WA 98360</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes	Last 4 digits of account number <b>3783</b> When was the debt incurred? <b>10/07/2020</b> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <b>Precautionary business debt - no known personal guarantee</b>	<b>\$1,200.00</b>
4.2	<b>ABL Alliance Center LLLP</b> Nonpriority Creditor's Name <b>dba Hippo Lending 4551 Cox Road, Suite 402 Glen Allen, VA 23060</b> Number Street City State Zip Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? <b>9/2/2021</b> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify <b>Personal Guaranty of business debt owed by Pacific Northwest Aesthetics Center LLC</b>	<b>\$734,709.00</b>

Debtor 1 Aloysius N. Fobi

Case number (if known) \_\_\_\_\_

<b>4.3</b>	<b>AES/ American Education Services</b> Nonpriority Creditor's Name <b>Bankruptcy Notices</b> <b>PO Box 2461</b> <b>Harrisburg, PA 17105</b> Number Street City State Zip Code	Last 4 digits of account number _____ <b>\$39,042.00</b> When was the debt incurred? <b>2001</b>
<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Student Loan</b>		
<b>4.4</b>		
<b>Allergan</b> Nonpriority Creditor's Name <b>Legal Notice Department</b> <b>5 Giralta Farms</b> <b>Dodge Drive</b> <b>Madison, NJ 07940</b> Number Street City State Zip Code		
Last 4 digits of account number _____ <b>\$0.00</b> When was the debt incurred?		
<b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Precautionary business debt - no known personal guarantee</b>		
<b>4.5</b>		
<b>Apyx Medical Corporation</b> Nonpriority Creditor's Name <b>5115 Ulmerton Rd.</b> <b>Clearwater, FL 33760</b> Number Street City State Zip Code		
Last 4 digits of account number _____ <b>\$0.00</b> When was the debt incurred?		
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Precautionary business debt - no known personal guarantee</b>		

Debtor 1 **Aloysius N. Fobi**

Case number (if known)

<div style="border: 1px solid black; padding: 2px;">4.6</div> <b>ARF Financial LLC</b> Nonpriority Creditor's Name <b>1300 Concord Terrace, Suite 310</b> <b>Fort Lauderdale, FL 33323</b> Number Street City State Zip Code	Last 4 digits of account number <b>2571</b> <span style="float: right;"><b>\$0.00</b></span> When was the debt incurred? <b>2/10/2021</b> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Precautionary business debt - no known personal guarantee</b>
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes	
<b>4.7</b> <b>ARF Financial LLC</b> Nonpriority Creditor's Name <b>1300 Concord Terrace, Suite 310</b> <b>Fort Lauderdale, FL 33323</b> Number Street City State Zip Code	
Last 4 digits of account number <b>2421</b> <span style="float: right;"><b>\$0.00</b></span> When was the debt incurred? <b>2/03/2021</b> <b>As of the date you file, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Precautionary business debt - no known personal guarantee</b>	
<b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes	
<b>4.8</b> <b>Bank Of America</b> Nonpriority Creditor's Name <b>Card Services -Bankruptcy</b> <b>PO Box 982284</b> <b>EI Paso, TX 79998</b> Number Street City State Zip Code	
Last 4 digits of account number <b>7006</b> <span style="float: right;"><b>\$1,770.00</b></span> When was the debt incurred? <b>As of the date you file, the claim is:</b> Check all that apply <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes	
<b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>Credit card purchases</b>	

<div style="border: 1px solid black; padding: 2px;">4.9</div> <b>Bank Of America</b> Nonpriority Creditor's Name <b>Card Services -Bankruptcy</b> <b>PO Box 982284</b> <b>El Paso, TX 79998</b> Number Street City State Zip Code	Last 4 digits of account number <b>6974</b> When was the debt incurred?	<b>\$2,520.00</b>
<p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>		
<p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Credit card purchases</b></p>		
<hr/> <div style="border: 1px solid black; padding: 2px;">4.1 0</div> <b>Bank Of America</b> Nonpriority Creditor's Name <b>Bankruptcy Notices</b> <b>PO Box 31785</b> <b>Tampa, FL 33631-3785</b> Number Street City State Zip Code		
Last 4 digits of account number <b>4595</b> When was the debt incurred?		
<p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>		
<p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Credit card purchases</b></p>		
<hr/> <div style="border: 1px solid black; padding: 2px;">4.1 1</div> <b>Bank Of America</b> Nonpriority Creditor's Name <b>Bankruptcy Notices- FL9-600-02-26</b> <b>PO Box 45224</b> <b>Jacksonville, FL 32232-5224</b> Number Street City State Zip Code		
Last 4 digits of account number <b>4698</b> When was the debt incurred?		
<p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>		
<p><b>As of the date you file, the claim is:</b> Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>Credit card purchases</b></p>		

4.1  
2**Bank Of America**

Nonpriority Creditor's Name

**Bankruptcy Notices- NC4-105-03-14**  
**PO Box 26012**  
**Greensboro, NC 27420**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

Debtor 1 only

Debtor 2 only

Debtor 1 and Debtor 2 only

At least one of the debtors and another

**Check if this claim is for a community debt**

**Is the claim subject to offset?**

No

Yes

Last 4 digits of account number

**7402****\$0.00**

When was the debt incurred?

**As of the date you file, the claim is:** Check all that apply

Contingent

Unliquidated

Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans

Obligations arising out of a separation agreement or divorce that you did not report as priority claims

Debts to pension or profit-sharing plans, and other similar debts

**Precautionary business debt - no known personal guarantee**

Other. Specify

4.1  
3**Bank Of America**

Nonpriority Creditor's Name

**Bankruptcy Notices- NC4-105-03-14**  
**PO Box 26012**  
**Greensboro, NC 27420**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

Debtor 1 only

Debtor 2 only

Debtor 1 and Debtor 2 only

At least one of the debtors and another

**Check if this claim is for a community debt**

**Is the claim subject to offset?**

No

Yes

Last 4 digits of account number

**7282****\$0.00**

When was the debt incurred?

**As of the date you file, the claim is:** Check all that apply

Contingent

Unliquidated

Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans

Obligations arising out of a separation agreement or divorce that you did not report as priority claims

Debts to pension or profit-sharing plans, and other similar debts

**Precautionary business debt - no known personal guarantee**

Other. Specify

4.1  
4**Bank Of America**

Nonpriority Creditor's Name

**Bankruptcy Notices- NC4-105-03-14**  
**PO Box 26012**  
**Greensboro, NC 27420**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

Debtor 1 only

Debtor 2 only

Debtor 1 and Debtor 2 only

At least one of the debtors and another

**Check if this claim is for a community debt**

**Is the claim subject to offset?**

No

Yes

Last 4 digits of account number

**2904****\$0.00**

When was the debt incurred?

**As of the date you file, the claim is:** Check all that apply

Contingent

Unliquidated

Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans

Obligations arising out of a separation agreement or divorce that you did not report as priority claims

Debts to pension or profit-sharing plans, and other similar debts

**Precautionary business debt - no known personal guarantee**

Other. Specify

4.1  
5**Best Egg**

Nonpriority Creditor's Name

**Legal Notice Department  
1523 Concord Pike, Suite 201  
Wilmington, DE 19803**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only

Debtor 2 only

Debtor 1 and Debtor 2 only

At least one of the debtors and another

**Check if this claim is for a community debt**

Is the claim subject to offset?

No

Yes

Last 4 digits of account number \_\_\_\_\_

**\$0.00**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

Contingent

Unliquidated

Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans

Obligations arising out of a separation agreement or divorce that you did not report as priority claims

Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **Notice** \_\_\_\_\_4.1  
6**Capital One**

Nonpriority Creditor's Name

**PO Box 30285  
Salt Lake City, UT 84130-0281**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only

Debtor 2 only

Debtor 1 and Debtor 2 only

At least one of the debtors and another

**Check if this claim is for a community debt**

Is the claim subject to offset?

No

Yes

Last 4 digits of account number \_\_\_\_\_

**2165****\$22,650.00**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

Contingent

Unliquidated

Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans

Obligations arising out of a separation agreement or divorce that you did not report as priority claims

Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **Credit Card** \_\_\_\_\_4.1  
7**Channel Partners Capital LLC**

Nonpriority Creditor's Name

**c/o Brad Peterson, CEO  
11100 Wayzata Blvd. #305  
Minnetonka, MN 55305**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only

Debtor 2 only

Debtor 1 and Debtor 2 only

At least one of the debtors and another

**Check if this claim is for a community debt**

Is the claim subject to offset?

No

Yes

Last 4 digits of account number \_\_\_\_\_

**511w****\$20,000.00**When was the debt incurred? **4/20/2021**

As of the date you file, the claim is: Check all that apply

Contingent

Unliquidated

Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans

Obligations arising out of a separation agreement or divorce that you did not report as priority claims

Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **Personal Guaranty of business debt owed by Sound Integrated Medical Center, PLLC** \_\_\_\_\_

4.1  
8**Channel Partners Capital LLC**

Nonpriority Creditor's Name

**c/o Brad Peterson, CEO  
11100 Wayzata Blvd. #305  
Minnetonka, MN 55305**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

Debtor 1 only  Contingent  
 Debtor 2 only  Unliquidated  
 Debtor 1 and Debtor 2 only  Disputed  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**  
**Is the claim subject to offset?**  
 No  
 Yes

Last 4 digits of account number

601w\$85,000.00

When was the debt incurred?

4/12/2021**As of the date you file, the claim is:** Check all that apply

Debtor 1 only  Contingent  
 Debtor 2 only  Unliquidated  
 Debtor 1 and Debtor 2 only  Disputed  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**  
**Is the claim subject to offset?**  
 No  
 Yes

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

**Personal Guaranty of business debt owed  
by Sound Integrated Medical Center, PLLC**4.1  
9**Channel Partners Capital LLC**

Nonpriority Creditor's Name

**c/o Brad Peterson, CEO  
11100 Wayzata Blvd. #305  
Minnetonka, MN 55305**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

Debtor 1 only  Contingent  
 Debtor 2 only  Unliquidated  
 Debtor 1 and Debtor 2 only  Disputed  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**  
**Is the claim subject to offset?**  
 No  
 Yes

Last 4 digits of account number

241w\$20,000.00

When was the debt incurred?

5/10/2021**As of the date you file, the claim is:** Check all that apply

Debtor 1 only  Contingent  
 Debtor 2 only  Unliquidated  
 Debtor 1 and Debtor 2 only  Disputed  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**  
**Is the claim subject to offset?**  
 No  
 Yes

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

**Personal Guaranty of business debt owed  
by Sound Integrated Medical Center, PLLC**4.2  
0**Channel Partners Capital LLC**

Nonpriority Creditor's Name

**c/o Brad Peterson, CEO  
11100 Wayzata Blvd. #305  
Minnetonka, MN 55305**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

Debtor 1 only  Contingent  
 Debtor 2 only  Unliquidated  
 Debtor 1 and Debtor 2 only  Disputed  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**  
**Is the claim subject to offset?**  
 No  
 Yes

Last 4 digits of account number

331w\$20,000.00

When was the debt incurred?

5/24/2021**As of the date you file, the claim is:** Check all that apply

Debtor 1 only  Contingent  
 Debtor 2 only  Unliquidated  
 Debtor 1 and Debtor 2 only  Disputed  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**  
**Is the claim subject to offset?**  
 No  
 Yes

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

**Personal Guaranty of business debt owed  
by Sound Integrated Medical Center, PLLC**

4.2  
1**Chase Bank Card Services**

Nonpriority Creditor's Name

**Bankruptcy Notices****PO Box 15298****Wilmington, DE 19850-5298**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  Contingent  
 Debtor 2 only  Unliquidated  
 Debtor 1 and Debtor 2 only  Disputed  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**  
**Is the claim subject to offset?**

No  Contingent  
 Yes  Unliquidated

Last 4 digits of account number

**0263****\$15,197.00**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

Debtor 1 only  Contingent  
 Debtor 2 only  Unliquidated  
 Debtor 1 and Debtor 2 only  Disputed  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**  
**Is the claim subject to offset?**

Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Credit Card**

4.2  
2**Cross River Bank**

Nonpriority Creditor's Name

**Bankruptcy Notice****400 Kelby St., 14th Floor****Fort Lee, NJ 07024**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  Contingent  
 Debtor 2 only  Unliquidated  
 Debtor 1 and Debtor 2 only  Disputed  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**  
**Is the claim subject to offset?**

No  Contingent  
 Yes  Unliquidated

Last 4 digits of account number

**\$30,000.00**When was the debt incurred? **1/23/2022**

As of the date you file, the claim is: Check all that apply

Debtor 1 only  Contingent  
 Debtor 2 only  Unliquidated  
 Debtor 1 and Debtor 2 only  Disputed  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**  
**Is the claim subject to offset?**

Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Personal Loan**

4.2  
3**Curascript SD**

Nonpriority Creditor's Name

**255 Technology Park 1****Lake Mary, FL 32746**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  Contingent  
 Debtor 2 only  Unliquidated  
 Debtor 1 and Debtor 2 only  Disputed  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**  
**Is the claim subject to offset?**

No  Contingent  
 Yes  Unliquidated

Last 4 digits of account number

**\$0.00**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

Debtor 1 only  Contingent  
 Debtor 2 only  Unliquidated  
 Debtor 1 and Debtor 2 only  Disputed  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**  
**Is the claim subject to offset?**

Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Precautionary business debt - no known personal guarantee**

4.2  
4**Diane Fleck**

Nonpriority Creditor's Name

**61078 SE Echo Lake Ct.  
Bend, OR 97702**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number \_\_\_\_\_

**\$10,000.00**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify **Personal Loan**

4.2  
5**Financial Pacific Leasing**

Nonpriority Creditor's Name

**3455 S. 34th Way, #300  
Auburn, WA 98001-9546**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number \_\_\_\_\_

**4301****\$0.00**When was the debt incurred? **1/15/2019**

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

Other. Specify **Precautionary business debt - no known personal guarantee**

4.2  
6**Galderma**

Nonpriority Creditor's Name

**Legal Notice Department  
Trammell Crow Center  
2001 Ross Ave, 16th Floor  
Dallas, TX 75201**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number \_\_\_\_\_

**\$0.00**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

Other. Specify **Precautionary business debt - no known personal guarantee**

4.2  
7**Greenwoods Equipment Finance  
LLC**

Nonpriority Creditor's Name

**Operations Department  
3212 Fiddlers Creek Dr.  
Waukesha, WI 53188**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only       Contingent  
 Debtor 2 only       Unliquidated  
 Debtor 1 and Debtor 2 only       Disputed  
 At least one of the debtors and another  
 Check if this claim is for a community debt  
Is the claim subject to offset?  
 No  
 Yes

Last 4 digits of account number

1238\$28,820.00

When was the debt incurred?

12/23/20

As of the date you file, the claim is: Check all that apply

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

**Personal Guaranty of business debt owed  
by Sound Integrated Medical Center, PLLC**

4.2  
8**Greenwoods Equipment Finance  
LLC**

Nonpriority Creditor's Name

**Operations Department  
3212 Fiddlers Creek Dr.  
Waukesha, WI 53188**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only       Contingent  
 Debtor 2 only       Unliquidated  
 Debtor 1 and Debtor 2 only       Disputed  
 At least one of the debtors and another  
 Check if this claim is for a community debt  
Is the claim subject to offset?  
 No  
 Yes

Last 4 digits of account number

\$26,290.00

When was the debt incurred?

12/23/20

As of the date you file, the claim is: Check all that apply

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

**Personal Guaranty of business debt owed  
by Sound Integrated Medical Center, PLLC**

4.2  
9**Greenwoods Equipment Finance  
LLC**

Nonpriority Creditor's Name

**Operations Department  
3212 Fiddlers Creek Dr.  
Waukesha, WI 53188**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only       Contingent  
 Debtor 2 only       Unliquidated  
 Debtor 1 and Debtor 2 only       Disputed  
 At least one of the debtors and another  
 Check if this claim is for a community debt  
Is the claim subject to offset?  
 No  
 Yes

Last 4 digits of account number

1239\$6,800.00

When was the debt incurred?

7/13/21

As of the date you file, the claim is: Check all that apply

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

**Personal Guaranty of business debt owed  
by Sound Integrated Medical Center, PLLC**

4.3  
0**Hathaway Larson LLP**

Nonpriority Creditor's Name  
**1331 NW Lovejoy St  
Suite 950  
Portland, OR 97209**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number \_\_\_\_\_

**\$1,000.00**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Legal Services

4.3  
1**Ignatious Medani MD**

Nonpriority Creditor's Name  
**34716 1st Ave S  
Federal Way, WA 98003**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number \_\_\_\_\_

**\$0.00**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

Other. Specify Personal Guarantee of less obligation owed by Sound Integrated Medical Center PLLC

4.3  
2**JB&B Capital**

Nonpriority Creditor's Name  
**Legal Notice Department  
109 S. Northshore Drive, Suite 200  
Knoxville, TN 37919**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

Is the claim subject to offset?

No  
 Yes

Last 4 digits of account number \_\_\_\_\_

**\$0.00**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

Other. Specify Precautionary business debt - no known personal guarantee

Debtor 1 **Aloysius N. Fobi**

Case number (if known)

4.3  
3**JP Morgan Chase Bank**

Nonpriority Creditor's Name

**10900 NE 8th St., Suite 1150 F11  
Bellevue, WA 98004**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only

Debtor 2 only

Debtor 1 and Debtor 2 only

At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

No

Last 4 digits of account number

**9001****\$1,250,000.00**

When was the debt incurred?

**5/4/2020**

As of the date you file, the claim is: Check all that apply

Contingent

Unliquidated

Disputed

Type of NONPRIORITY unsecured claim:

Student loans

Obligations arising out of a separation agreement or divorce that you did not report as priority claims

Debts to pension or profit-sharing plans, and other similar debts

**Personal Guaranty of business debt owed  
by Sound Integrated Medical Center PLLC,  
an active Washington limited liability  
company. Balance sheet insolvent**

 Other. Specify**100%** Yes4.3  
4**Kelsey Creek Center LLC**

Nonpriority Creditor's Name

**15015 Main Street, Suite 203  
Bellevue, WA 98007**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only

Debtor 2 only

Debtor 1 and Debtor 2 only

At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

No

 Yes

Last 4 digits of account number

**\$384,000.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent

Unliquidated

Disputed

Type of NONPRIORITY unsecured claim:

Student loans

Obligations arising out of a separation agreement or divorce that you did not report as priority claims

Debts to pension or profit-sharing plans, and other similar debts

**Personal guarantee of commercial lease of  
Pacific Northwest Aesthetics PLLC**

 Other. Specify4.3  
5**McKesson**

Nonpriority Creditor's Name

**Legal notice Department  
590 Madison Avenue, 21st Floor  
New York, NY 10022**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only

Debtor 2 only

Debtor 1 and Debtor 2 only

At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

No

 Yes

Last 4 digits of account number

**\$0.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent

Unliquidated

Disputed

Type of NONPRIORITY unsecured claim:

Student loans

Obligations arising out of a separation agreement or divorce that you did not report as priority claims

Debts to pension or profit-sharing plans, and other similar debts

**Precautionary business debt - no known  
personal guarantee**

4.3  
6**Medline Industries Inc.**

Nonpriority Creditor's Name

**Dept. 1080**  
**PO Box 121080**  
**Dallas, TX 75312**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

Debtor 1 only       Contingent  
 Debtor 2 only       Unliquidated  
 Debtor 1 and Debtor 2 only       Disputed  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

**Is the claim subject to offset?**

No       Contingent  
 Yes       Unliquidated

Last 4 digits of account number \_\_\_\_\_

**\$0.00**

When was the debt incurred? \_\_\_\_\_

**As of the date you file, the claim is:** Check all that apply

Debtor 1 only       Contingent  
 Debtor 2 only       Unliquidated  
 Debtor 1 and Debtor 2 only       Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

**Precautionary business debt - no known personal guarantee**4.3  
7**MMP Capital**

Nonpriority Creditor's Name

**19 Engineers Lane**  
**Farmingdale, NY 11735**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

Debtor 1 only       Contingent  
 Debtor 2 only       Unliquidated  
 Debtor 1 and Debtor 2 only       Disputed  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

**Is the claim subject to offset?**

No       Contingent  
 Yes       Unliquidated

Last 4 digits of account number **6752****\$182,000.00**When was the debt incurred? **9/16/2020****As of the date you file, the claim is:** Check all that apply

Debtor 1 only       Contingent  
 Debtor 2 only       Unliquidated  
 Debtor 1 and Debtor 2 only       Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

**Personal Guaranty of business debt owed by Sound Integrated Medical Center, PLLC**4.3  
8**MMP Capital**

Nonpriority Creditor's Name

**19 Engineers Lane**  
**Farmingdale, NY 11735**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

Debtor 1 only       Contingent  
 Debtor 2 only       Unliquidated  
 Debtor 1 and Debtor 2 only       Disputed  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

**Is the claim subject to offset?**

No       Contingent  
 Yes       Unliquidated

Last 4 digits of account number **7138****\$136,450.00**When was the debt incurred? **9/16/2020****As of the date you file, the claim is:** Check all that apply

Debtor 1 only       Contingent  
 Debtor 2 only       Unliquidated  
 Debtor 1 and Debtor 2 only       Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

**Personal Guaranty of business debt owed by Sound Integrated Medical Center, PLLC**

4.3  
9**Navitas Credit Corp.**

Nonpriority Creditor's Name

**201 Executive Center Dr., Suite 100  
Columbia, SC 29210**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No

Yes

Last 4 digits of account number

**9052****\$0.00**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

**Personal Guaranty of business debt owed  
by Pacific Northwest Aesthetics Center  
PLLC**

Other. Specify **(Past Due \$16,313.10)**

4.4  
0**NCMIC Finance Corporation**

Nonpriority Creditor's Name

**14001 University Avenue  
Clive, IA 50325-8258**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No

Yes

Last 4 digits of account number

**\$0.00**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

**Precautionary business debt - no known  
personal guarantee**

4.4  
1**New Direction Trust Company**

Nonpriority Creditor's Name

**FBO Erik Martin  
3938 NE 21st Ave.  
Portland, OR 97212**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No

Yes

Last 4 digits of account number

**\$60,000.00**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

Other. Specify **Personal Loan**

4.4  
2**Newlane Finance**

Nonpriority Creditor's Name

**123 S. Broad St. 17th Floor  
Philadelphia, PA 19109**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No

Yes

Last 4 digits of account number

**5010****\$72,160.00**

When was the debt incurred?

**11/24/2021**

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

Other. Specify **Personal Guaranty of business debt owed by Sound Integrated Medical Center, PLLC**

4.4  
3**North Mill Equipment Finance LLC**

Nonpriority Creditor's Name

**Legal Notice Department  
601 Merritt 7, #5  
Norwalk, CT 06851**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No

Yes

Last 4 digits of account number

**\$0.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

Other. Specify **Precautionary business debt - no known personal guarantee**

4.4  
4**Northwest Aesthetics Inc.**

Nonpriority Creditor's Name

**Attn: Olga Voloshina  
2835 140th Ave NE  
Bellevue, WA 98005**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No

Yes

Last 4 digits of account number

**\$0.00**

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

Other. Specify **Precautionary business debt - no known personal guarantee**

Debtor 1 Aloysius N. Fobi

Case number (if known) \_\_\_\_\_

4.4  
5**PNC Equipment Finance LLC**

Nonpriority Creditor's Name

**Legal Notice Department  
655 Business Center Dr, Suite 250  
Horsham, PA 19044**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

Debtor 1 only       Contingent  
 Debtor 2 only       Unliquidated  
 Debtor 1 and Debtor 2 only       Disputed  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

**Is the claim subject to offset?**

No

Yes

Last 4 digits of account number

6621\$0.00

When was the debt incurred? \_\_\_\_\_

**As of the date you file, the claim is:** Check all that apply

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

**Type of NONPRIORITY unsecured claim:**

Other. Specify Precautionary business debt - no known personal guarantee

4.4  
6**PNC Equipment Finance LLC**

Nonpriority Creditor's Name

**Legal Notice Department  
655 Business Center Dr, Suite 250  
Horsham, PA 19044**

Number Street City State Zip Code

**Who incurred the debt?** Check one.

Debtor 1 only       Contingent  
 Debtor 2 only       Unliquidated  
 Debtor 1 and Debtor 2 only       Disputed  
 At least one of the debtors and another  
 **Check if this claim is for a community debt**

**Is the claim subject to offset?**

No

Yes

Last 4 digits of account number

4375\$67,250.00When was the debt incurred? 8/30/2020**As of the date you file, the claim is:** Check all that apply

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

**Type of NONPRIORITY unsecured claim:**

Other. Specify Personal guaranty of equipment financing for 2020 NeuroStar SYS 300 system. Personal Guaranty of business debt owed by Sound Integrated Medical Center, PLLC

Debtor 1 **Aloysius N. Fobi**

Case number (if known) \_\_\_\_\_

4.4  
7**Revere Management and Distribution LLC**Nonpriority Creditor's Name  
**RA Robert Clifford**  
**149 Industrial Way**  
**Fallon, NV 89406**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only

Debtor 2 only

Debtor 1 and Debtor 2 only

At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

No

Yes

Last 4 digits of account number \_\_\_\_\_ **\$0.00**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

Contingent

Unliquidated

Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans

Obligations arising out of a separation agreement or divorce that you did not report as priority claims

Debts to pension or profit-sharing plans, and other similar debts

**Precautionary business debt - no known personal guarantee**4.4  
8**Sanofi US**Nonpriority Creditor's Name  
**Legal Notice Department**  
**55 Corporate Drive**  
**Bridgewater, NJ 08807**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only

Debtor 2 only

Debtor 1 and Debtor 2 only

At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

No

Yes

Last 4 digits of account number \_\_\_\_\_ **\$0.00**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

Contingent

Unliquidated

Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans

Obligations arising out of a separation agreement or divorce that you did not report as priority claims

Debts to pension or profit-sharing plans, and other similar debts

**Precautionary business debt - no known personal guarantee**4.4  
9**Scott Fleck**Nonpriority Creditor's Name  
**20779 SE Hollis Lane**  
**Bend, OR 97702**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only

Debtor 2 only

Debtor 1 and Debtor 2 only

At least one of the debtors and another

Check if this claim is for a community debt

Is the claim subject to offset?

No

Yes

Last 4 digits of account number \_\_\_\_\_ **\$10,000.00**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

Contingent

Unliquidated

Disputed

**Type of NONPRIORITY unsecured claim:**

Student loans

Obligations arising out of a separation agreement or divorce that you did not report as priority claims

Debts to pension or profit-sharing plans, and other similar debts

**Personal Loan**

4.5  
0**SJS PLLC**

Nonpriority Creditor's Name

**Attn: Senjun Shin  
900 Ocean Beach Hwy, Suite 110  
Longview, WA 98632**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only       Contingent  
 Debtor 2 only       Unliquidated  
 Debtor 1 and Debtor 2 only       Disputed  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No

Yes

Last 4 digits of account number \_\_\_\_\_

**\$0.00**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

**Personal Guarantee of Lease between SJS PLLC and Apex Acute Services LLC**

Other. Specify \_\_\_\_\_

4.5  
1**VQ Orthocare**

Nonpriority Creditor's Name

**Legal Notice Department  
1390 Decision Street, Suite A  
Vista, CA 92081**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only       Contingent  
 Debtor 2 only       Unliquidated  
 Debtor 1 and Debtor 2 only       Disputed  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

No

Yes

Last 4 digits of account number \_\_\_\_\_

**\$0.00**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply

Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts

**Precautionary business debt - no known personal guarantee**

Other. Specify \_\_\_\_\_

**Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

**Benjamin Chase Recovery Service  
5900 Balcones Dr., Suite 100  
Austin, TX 78731**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.1 of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**Best Egg  
PO Box 42912  
Philadelphia, PA 19101**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.22 of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name and Address

**Carney Badley Spellman  
c/o Parker Keehn  
701 Fifth Ave., Suite 3600  
Seattle, WA 98104**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.34 of (Check one):

Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

## Name and Address

**David Wetsch**  
**Dickinson Law**  
**699 Walnut St, Suite 1600**  
**Des Moines, IA 50309**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.40 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

## Name and Address

**Ellen F. Rosenblum, Attorney**  
**General**  
**100 Justice Building**  
**1162 Court St. NE**  
**Salem, OR 97310**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 2.6 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

## Name and Address

**Flamm Walton Heimbach**  
**Attn: Robert Walton**  
**794 Penilyn Pike, Suite 100**  
**Blue Bell, PA 19422**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.46 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

## Name and Address

**Jason Ayres**  
**Foster Garvey**  
**121 SW Morrison St., Suite 1100**  
**Portland, OR 97204**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.43 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

## Name and Address

**Law Office of Benjamin Kelly**  
**9218 Roosevelt Way NE**  
**Seattle, WA 98115**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.5 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

## Name and Address

**Woolf - McClane**  
**Gregory C. Logue, Attorney**  
**PO Box 900**  
**Knoxville, TN 37901-0900**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.32 of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

**Part 4: Add the Amounts for Each Type of Unsecured Claim**

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

		<b>Total Claim</b>	
Total claims from Part 1	6a. Domestic support obligations	6a.	\$ <b>0.00</b>
	6b. Taxes and certain other debts you owe the government	6b.	\$ <b>0.00</b>
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$ <b>0.00</b>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ <b>0.00</b>
6e. Total Priority. Add lines 6a through 6d.		6e.	\$ <b>0.00</b>
Total claims from Part 2	6f. Student loans	6f.	\$ <b>0.00</b>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ <b>0.00</b>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ <b>0.00</b>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ <b>3,250,553.00</b>

Debtor 1 Aloysius N. Fobi

Case number (if known)

6j. **Total Nonpriority.** Add lines 6f through 6i.

6j. \$ 3,250,553.00

Fill in this information to identify your case:

Debtor 1	<b>Aloysius N. Fobi</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF OREGON		
Case number (if known)			

Check if this is an amended filing

## Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.  
 Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code		State what the contract or lease is for
2.1	<b>Ignatious Medani MD 34716 1st Ave S Federal Way, WA 98003</b>	Commercial property lease between Sound Integrated Medical Center PLLC and Medani MD - Debtor has personally guaranteed and intends to reject lease
2.2	<b>Kelsey Creek Center LLC 15015 Main St., Suite 203 Bellevue, WA 98007</b>	Commercial lease between Pacific Northwest Aesthetics PLLC and landlord - Debtor intends to reject
2.3	<b>SJS PLLC Attn: Senjun Shin 900 Ocean Beach Hwy, Suite 110 Longview, WA 98632</b>	Commercial property lease between Apex Acute Services LLC and SJS PLLC - Debtor has personally guaranteed and intends to reject lease

Fill in this information to identify your case:

Debtor 1	<b>Aloysius N. Fobi</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF OREGON		
Case number (if known)			

Check if this is an amended filing

## Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

No  
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.  
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

**Column 1: Your codebtor**  
Name, Number, Street, City, State and ZIP Code

**Column 2: The creditor to whom you owe the debt**  
Check all schedules that apply:

3.1 **Pacific Northwest Aesthetics Center PLLC**

Schedule D, line \_\_\_\_\_  
 Schedule E/F, line 4.11  
 Schedule G \_\_\_\_\_  
**Bank Of America**

3.2 **Pacific Northwest Aesthetics Center PLLC**

Schedule D, line \_\_\_\_\_  
 Schedule E/F, line 4.34  
 Schedule G \_\_\_\_\_  
**Kelsey Creek Center LLC**

3.3 **Pacific Northwest Aesthetics Center PLLC**

Schedule D, line \_\_\_\_\_  
 Schedule E/F, line 4.39  
 Schedule G \_\_\_\_\_  
**Navitas Credit Corp.**

**Additional Page to List More Codebtors****Column 1: Your codebtor****Column 2: The creditor to whom you owe the debt**  
Check all schedules that apply:3.4 **Pacific Northwest Aesthetics Center PLLC** Schedule D, line \_\_\_\_\_  
 Schedule E/F, line 4.12  
 Schedule G \_\_\_\_\_  
**Bank Of America**3.5 **Pacific Northwest Aesthetics Center PLLC** Schedule D, line \_\_\_\_\_  
 Schedule E/F, line 4.5  
 Schedule G \_\_\_\_\_  
**Apyx Medical Corporation**3.6 **Pacific Northwest Aesthetics Center PLLC** Schedule D, line \_\_\_\_\_  
 Schedule E/F, line 4.2  
 Schedule G \_\_\_\_\_  
**ABL Alliance Center LLLP**3.7 **Pacific Northwest Urgent Care PLLC** Schedule D, line \_\_\_\_\_  
 Schedule E/F, line 4.10  
 Schedule G \_\_\_\_\_  
**Bank Of America**3.8 **Pacific Northwest Urgent Care PLLC** Schedule D, line \_\_\_\_\_  
 Schedule E/F, line 4.13  
 Schedule G \_\_\_\_\_  
**Bank Of America**3.9 **SMS Northwest LLC** Schedule D, line 2.4  
 Schedule E/F, line \_\_\_\_\_  
 Schedule G \_\_\_\_\_  
**Toyota Financial Services**3.10 **SMS Northwest LLC** Schedule D, line \_\_\_\_\_  
 Schedule E/F, line 4.22  
 Schedule G \_\_\_\_\_  
**Cross River Bank**3.11 **SMS Northwest LLC** Schedule D, line \_\_\_\_\_  
 Schedule E/F, line 4.9  
 Schedule G \_\_\_\_\_  
**Bank Of America**

**Additional Page to List More Codebtors****Column 1: Your codebtor****Column 2: The creditor to whom you owe the debt**  
Check all schedules that apply:3.12 **SMS Northwest LLC** Schedule D, line \_\_\_\_\_  
 Schedule E/F, line 4.14  
 Schedule G \_\_\_\_\_  
**Bank Of America**3.13 **Sound Integrated Medical Center PLLC**  
**34716 1st Ave. S.**  
**Federal Way, WA 98003** Schedule D, line \_\_\_\_\_  
 Schedule E/F, line 4.17  
 Schedule G \_\_\_\_\_  
**Channel Partners Capital LLC**3.14 **Sound Integrated Medical Center PLLC**  
**34716 1st Ave. S.**  
**Federal Way, WA 98003** Schedule D, line \_\_\_\_\_  
 Schedule E/F, line 4.18  
 Schedule G \_\_\_\_\_  
**Channel Partners Capital LLC**3.15 **Sound Integrated Medical Center PLLC**  
**34716 1st Ave. S.**  
**Federal Way, WA 98003** Schedule D, line \_\_\_\_\_  
 Schedule E/F, line 4.19  
 Schedule G \_\_\_\_\_  
**Channel Partners Capital LLC**3.16 **Sound Integrated Medical Center PLLC**  
**34716 1st Ave. S.**  
**Federal Way, WA 98003** Schedule D, line \_\_\_\_\_  
 Schedule E/F, line 4.20  
 Schedule G \_\_\_\_\_  
**Channel Partners Capital LLC**3.17 **Sound Integrated Medical Center PLLC**  
**34716 1st Ave. S.**  
**Federal Way, WA 98003** Schedule D, line \_\_\_\_\_  
 Schedule E/F, line 4.27  
 Schedule G \_\_\_\_\_  
**Greenwoods Equipment Finance LLC**3.18 **Sound Integrated Medical Center PLLC**  
**34716 1st Ave. S.**  
**Federal Way, WA 98003** Schedule D, line \_\_\_\_\_  
 Schedule E/F, line 4.28  
 Schedule G \_\_\_\_\_  
**Greenwoods Equipment Finance LLC**3.19 **Sound Integrated Medical Center PLLC**  
**34716 1st Ave. S.**  
**Federal Way, WA 98003** Schedule D, line \_\_\_\_\_  
 Schedule E/F, line 4.29  
 Schedule G \_\_\_\_\_  
**Greenwoods Equipment Finance LLC**

**Additional Page to List More Codebtors****Column 1: Your codebtor****Column 2: The creditor to whom you owe the debt**  
Check all schedules that apply:

3.20 **Sound Integrated Medical Center PLLC**  
34716 1st Ave. S.  
Federal Way, WA 98003

Schedule D, line \_\_\_\_\_  
 Schedule E/F, line 4.45  
 Schedule G \_\_\_\_\_  
**PNC Equipment Finance LLC**

---

3.21 **Sound Integrated Medical Center PLLC**  
34716 1st Ave. S.  
Federal Way, WA 98003

Schedule D, line \_\_\_\_\_  
 Schedule E/F, line 4.46  
 Schedule G \_\_\_\_\_  
**PNC Equipment Finance LLC**

---

3.22 **Sound Integrated Medical Center PLLC**  
34716 1st Ave. S.  
Federal Way, WA 98003

Schedule D, line \_\_\_\_\_  
 Schedule E/F, line 4.6  
 Schedule G \_\_\_\_\_  
**ARF Financial LLC**

---

3.23 **Sound Integrated Medical Center PLLC**  
34716 1st Ave. S.  
Federal Way, WA 98003

Schedule D, line \_\_\_\_\_  
 Schedule E/F, line 4.7  
 Schedule G \_\_\_\_\_  
**ARF Financial LLC**

---

3.24 **Sound Integrated Medical Center PLLC**  
34716 1st Ave. S.  
Federal Way, WA 98003

Schedule D, line \_\_\_\_\_  
 Schedule E/F, line 4.37  
 Schedule G \_\_\_\_\_  
**MMP Capital**

---

3.25 **Sound Integrated Medical Center PLLC**  
34716 1st Ave. S.  
Federal Way, WA 98003

Schedule D, line \_\_\_\_\_  
 Schedule E/F, line 4.38  
 Schedule G \_\_\_\_\_  
**MMP Capital**

---

3.26 **Sound Integrated Medical Center PLLC**  
34716 1st Ave. S.  
Federal Way, WA 98003

Schedule D, line \_\_\_\_\_  
 Schedule E/F, line 4.42  
 Schedule G \_\_\_\_\_  
**Newlane Finance**

---

3.27 **Sound Integrated Medical Center PLLC**

Schedule D, line \_\_\_\_\_  
 Schedule E/F, line 4.33  
 Schedule G \_\_\_\_\_  
**JP Morgan Chase Bank**

---

**Additional Page to List More Codebtors****Column 1: Your codebtor****Column 2: The creditor to whom you owe the debt**  
Check all schedules that apply:

3.28 **Sound Integrated Medical Center PLLC**  
**34716 1st Ave. S.**  
**Federal Way, WA 98003**  Schedule D, line \_\_\_\_\_  
 Schedule E/F, line **4.21**  
 Schedule G \_\_\_\_\_  
**Chase Bank Card Services**

---

3.29 **Sound Integrated Medical Center PLLC**  
**34716 1st Ave. S.**  
**Federal Way, WA 98003**  Schedule D, line \_\_\_\_\_  
 Schedule E/F, line **4.40**  
 Schedule G \_\_\_\_\_  
**NCMIC Finance Corporation**

---

3.30 **Sound Integrated Medical Center PLLC**  
**34716 1st Ave. S.**  
**Federal Way, WA 98003**  Schedule D, line \_\_\_\_\_  
 Schedule E/F, line **4.23**  
 Schedule G \_\_\_\_\_  
**Curascript SD**

---

3.31 **Sound Integrated Medical Center PLLC**  
**34716 1st Ave. S.**  
**Federal Way, WA 98003**  Schedule D, line \_\_\_\_\_  
 Schedule E/F, line **4.36**  
 Schedule G \_\_\_\_\_  
**Medline Industries Inc.**

---

3.32 **Sound Integrated Medical Center PLLC**  
**34716 1st Ave. S.**  
**Federal Way, WA 98003**  Schedule D, line \_\_\_\_\_  
 Schedule E/F, line **4.47**  
 Schedule G \_\_\_\_\_  
**Revere Management and Distribution LLC**

---

3.33 **Sound Integrated Medical Center PLLC**  
**34716 1st Ave. S.**  
**Federal Way, WA 98003**  Schedule D, line \_\_\_\_\_  
 Schedule E/F, line **4.31**  
 Schedule G \_\_\_\_\_  
**Ignatious Medani MD**

---

3.34 **Sound Internal Medicine Inc.**  Schedule D, line \_\_\_\_\_  
 Schedule E/F, line **4.25**  
 Schedule G \_\_\_\_\_  
**Financial Pacific Leasing**

---

3.35 **Apex Acute Services LLC**  Schedule D, line \_\_\_\_\_  
 Schedule E/F, line \_\_\_\_\_  
 Schedule G **2.3**  
**SJS PLLC**

---

Fill in this information to identify your case:

Debtor 1	<b>Aloysius N. Fobi</b>
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the:	<b>DISTRICT OF OREGON</b>
Case number (If known)	

Check if this is:

An amended filing  
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

## Official Form 106I

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse
Employment status	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input type="checkbox"/> Employed <input type="checkbox"/> Not employed
Occupation	<b>Physician</b>	
Employer's name	<b>Northwest Acute Care Specialists, PC</b>	
Employer's address	<b>825 NE Multnomah St., Ste. 240 Portland, OR 97232</b>	

How long employed there? **20 years**

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <b>24,700.00</b>	\$ <b>N/A</b>
3. Estimate and list monthly overtime pay.	3. +\$ <b>0.00</b>	+\$ <b>N/A</b>
4. Calculate gross income. Add line 2 + line 3.	4. \$ <b>24,700.00</b>	\$ <b>N/A</b>

	For Debtor 1	For Debtor 2 or non-filing spouse
<b>Copy line 4 here</b> .....	4. \$ <b>24,700.00</b>	\$ <b>N/A</b>
<b>5. List all payroll deductions:</b>		
5a. <b>Tax, Medicare, and Social Security deductions</b>	5a. \$ <b>7,640.00</b>	\$ <b>N/A</b>
5b. <b>Mandatory contributions for retirement plans</b>	5b. \$ <b>0.00</b>	\$ <b>N/A</b>
5c. <b>Voluntary contributions for retirement plans</b>	5c. \$ <b>1,450.00</b>	\$ <b>N/A</b>
5d. <b>Required repayments of retirement fund loans</b>	5d. \$ <b>0.00</b>	\$ <b>N/A</b>
5e. <b>Insurance</b>	5e. \$ <b>285.00</b>	\$ <b>N/A</b>
5f. <b>Domestic support obligations</b>	5f. \$ <b>0.00</b>	\$ <b>N/A</b>
5g. <b>Union dues</b>	5g. \$ <b>0.00</b>	\$ <b>N/A</b>
5h. <b>Other deductions. Specify:</b> <u>401(k) Loan - 57 months remain</u> <u>401(k) Loan #2 - 13 months remain</u>	5h.+ \$ <b>754.00</b>	+ \$ <b>N/A</b>
	\$ <b>504.00</b>	\$ <b>N/A</b>
<b>6. Add the payroll deductions.</b> Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ <b>10,633.00</b>	\$ <b>N/A</b>
<b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.	7. \$ <b>14,067.00</b>	\$ <b>N/A</b>
<b>8. List all other income regularly received:</b>		
8a. <b>Net income from rental property and from operating a business, profession, or farm</b> Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ <b>0.00</b>	\$ <b>N/A</b>
8b. <b>Interest and dividends</b>	8b. \$ <b>0.00</b>	\$ <b>N/A</b>
8c. <b>Family support payments that you, a non-filing spouse, or a dependent regularly receive</b> Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ <b>0.00</b>	\$ <b>N/A</b>
8d. <b>Unemployment compensation</b>	8d. \$ <b>0.00</b>	\$ <b>N/A</b>
8e. <b>Social Security</b>	8e. \$ <b>0.00</b>	\$ <b>N/A</b>
8f. <b>Other government assistance that you regularly receive</b> Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$ <b>0.00</b>	\$ <b>N/A</b>
8g. <b>Pension or retirement income</b>	8g. \$ <b>0.00</b>	\$ <b>N/A</b>
8h. <b>Other monthly income. Specify:</b> _____	8h.+ \$ <b>0.00</b>	+ \$ <b>N/A</b>
<b>9. Add all other income.</b> Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ <b>0.00</b>	\$ <b>N/A</b>
<b>10. Calculate monthly income.</b> Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ <b>14,067.00</b>	+ \$ <b>N/A</b> = \$ <b>14,067.00</b>
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	11. +\$ <b>0.00</b>	
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies	12. \$ <b>14,067.00</b>	
<b>13. Do you expect an increase or decrease within the year after you file this form?</b>		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain: _____		

Fill in this information to identify your case:

Debtor 1	<b>Aloysius N. Fobi</b>
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the:	<b>DISTRICT OF OREGON</b>
Case number (If known)	

Check if this is:

An amended filing  
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

##### 1. Is this a joint case?

No. Go to line 2.  
 Yes. Does Debtor 2 live in a separate household?  
 No  
 Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

##### 2. Do you have dependents? No

Do not list Debtor 1 and  
Debtor 2.

Yes. Fill out this information for  
each dependent.....

Dependent's relationship to  
Debtor 1 or Debtor 2

Dependent's  
age

Does dependent  
live with you?

Do not state the  
dependents names.

Son

19

No  
 Yes  
 No  
 Yes  
 No  
 Yes  
 No  
 Yes

Daughter

20

##### 3. Do your expenses include expenses of people other than yourself and your dependents? No Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

##### 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

Your expenses		
4.	\$	<b>5,300.00</b>

##### If not included in line 4:

4a. Real estate taxes  
4b. Property, homeowner's, or renter's insurance  
4c. Home maintenance, repair, and upkeep expenses  
4d. Homeowner's association or condominium dues  
5. Additional mortgage payments for your residence, such as home equity loans

4a.	\$	<b>320.00</b>
4b.	\$	<b>80.00</b>
4c.	\$	<b>915.00</b>
4d.	\$	<b>0.00</b>
5.	\$	<b>0.00</b>

6. <b>Utilities:</b>	6a. Electricity, heat, natural gas	6a. \$ <u>100.00</u>
	6b. Water, sewer, garbage collection	6b. \$ <u>100.00</u>
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>450.00</u>
	6d. Other. Specify: _____	6d. \$ <u>0.00</u>
7. <b>Food and housekeeping supplies</b>	7. \$ <u>700.00</u>	
8. <b>Childcare and children's education costs</b>	8. \$ <u>900.00</u>	
9. <b>Clothing, laundry, and dry cleaning</b>	9. \$ <u>100.00</u>	
10. <b>Personal care products and services</b>	10. \$ <u>50.00</u>	
11. <b>Medical and dental expenses</b>	11. \$ <u>125.00</u>	
12. <b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ <u>500.00</u>	
13. <b>Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13. \$ <u>200.00</u>	
14. <b>Charitable contributions and religious donations</b>	14. \$ <u>0.00</u>	
15. <b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$ <u>300.00</u>	
15b. Health insurance	15b. \$ <u>650.00</u>	
15c. Vehicle insurance	15c. \$ <u>175.00</u>	
15d. Other insurance. Specify: _____	15d. \$ <u>0.00</u>	
16. <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ <u>0.00</u>	
17. <b>Installment or lease payments:</b>	17a. \$ <u>850.00</u>	
17b. Car payments for Vehicle 2	17b. \$ <u>0.00</u>	
17c. Other. Specify: _____	17c. \$ <u>0.00</u>	
17d. Other. Specify: _____	17d. \$ <u>0.00</u>	
18. <b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>	18. \$ <u>1,870.00</u>	
19. <b>Other payments you make to support others who do not live with you.</b> Specify: _____	19. \$ <u>0.00</u>	
20. <b>Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>		
20a. Mortgages on other property	20a. \$ <u>0.00</u>	
20b. Real estate taxes	20b. \$ <u>0.00</u>	
20c. Property, homeowner's, or renter's insurance	20c. \$ <u>0.00</u>	
20d. Maintenance, repair, and upkeep expenses	20d. \$ <u>0.00</u>	
20e. Homeowner's association or condominium dues	20e. \$ <u>0.00</u>	
21. <b>Other:</b> Specify: <u>Medical Licenses</u>	21. +\$ <u>125.00</u>	
22. <b>Calculate your monthly expenses</b>		
22a. Add lines 4 through 21.	\$ <u>13,810.00</u>	
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$ <u>13,810.00</u>	
22c. Add line 22a and 22b. The result is your monthly expenses.		
23. <b>Calculate your monthly net income.</b>		
23a. Copy line 12 ( <i>your combined monthly income</i> ) from Schedule I.	23a. \$ <u>14,067.00</u>	
23b. Copy your monthly expenses from line 22c above.	23b. -\$ <u>13,810.00</u>	
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$ <u>257.00</u>	
24. <b>Do you expect an increase or decrease in your expenses within the year after you file this form?</b> For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?		
<input type="checkbox"/> No.		
<input checked="" type="checkbox"/> Yes.	Explain here: <u>Start paying second mortgage</u>	

Fill in this information to identify your case:

Debtor 1	<b>Aloysius N. Fobi</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF OREGON		
Case number (if known)			

Check if this is an amended filing

Official Form 106Dec

## Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

/s/ **Aloysius N. Fobi**

**Aloysius N. Fobi**

Signature of Debtor 1

Date April 28, 2023

X

Signature of Debtor 2

Date

Fill in this information to identify your case:

Debtor 1	<b>Aloysius N. Fobi</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF OREGON		
Case number (if known)			

Check if this is an amended filing

## Official Form 107

### Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Give Details About Your Marital Status and Where You Lived Before

##### 1. What is your current marital status?

Married  
 Not married

##### 2. During the last 3 years, have you lived anywhere other than where you live now?

No  
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:

6344 SE 87th Ave  
Portland, OR 97266

Dates Debtor 1  
lived there

From-To:  
5/2018 - 3/2020

Debtor 2 Prior Address:

Same as Debtor 1

Dates Debtor 2  
lived there

Same as Debtor 1  
From-To:

##### 3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)

No  
 Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

#### Part 2 Explain the Sources of Your Income

##### 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.  
If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

No  
 Yes. Fill in the details.

Debtor 1	Gross income (before deductions and exclusions)	Debtor 2	Gross income (before deductions and exclusions)
Sources of income Check all that apply.		Sources of income Check all that apply.	

From January 1 of current year until  
the date you filed for bankruptcy:

<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips	\$89,470.00	<input type="checkbox"/> Wages, commissions, bonuses, tips
<input type="checkbox"/> Operating a business		<input type="checkbox"/> Operating a business

	<b>Debtor 1</b> <b>Sources of income</b> Check all that apply.	<b>Gross income</b> (before deductions and exclusions)	<b>Debtor 2</b> <b>Sources of income</b> Check all that apply.	<b>Gross income</b> (before deductions and exclusions)
<b>For last calendar year: (January 1 to December 31, 2022 )</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$341,851.00</b>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	
<b>For the calendar year before that: (January 1 to December 31, 2021 )</b>	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	<b>\$370,586.00</b>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	

**5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

No  
 Yes. Fill in the details.

<b>Debtor 1</b> <b>Sources of income</b> Describe below.	<b>Gross income from each source</b> (before deductions and exclusions)	<b>Debtor 2</b> <b>Sources of income</b> Describe below.	<b>Gross income</b> (before deductions and exclusions)

**Part 3: List Certain Payments You Made Before You Filed for Bankruptcy****6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$7,575\* or more?

No. Go to line 7.  
 Yes List below each creditor to whom you paid a total of \$7,575\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

No. Go to line 7.  
 Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...
American Express Bankruptcy Notice Department PO Box 981540 El Paso, TX 79998-1540	2/27/23, 3/9/23, 3/23/23	\$38,778.00	\$0.00	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other __

7. **Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**  
 Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

No  
 Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Children	Monthly	\$1,900.00	\$0.00	Child Support Related Payments
Lloyd Fobi 34500 NE 91st Ave. La Center, WA 98629		\$6,000.00	\$0.00	Paid for assistance with home purchase - also various short term loans and repayments

8. **Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**

Include payments on debts guaranteed or cosigned by an insider.

No  
 Yes. List all payments to an insider

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Various	Various	\$0.00	\$0.00	In the past 12 months Dr. Fobi made contributions into various entities identified on Schedule B while they were operating businesses, some of which funds were paid out to creditors of these businesses on loans that were personally guaranteed by Dr. Fobi.

#### **Part 4: Identify Legal Actions, Repossessions, and Foreclosures**

9. **Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

No  
 Yes. Fill in the details.

Case title Case number	Nature of the case	Court or agency	Status of the case
Bankers Healthcare Group LLC v. Fobi 005706/2022	Breach of Financing Agreement and Breach of Guaranty	Supreme Court of NY - Onondaga County Syracuse, NY 13204	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
North Mill Equipment Finance LLC v. Sound Integrated Medical Center PLLC and Fobi 22-2-08588-6KNT	Collection	Superior Court of WA - King County	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded

Case title Case number	Nature of the case	Court or agency	Status of the case
NCMIC Finance Corporation v. Sound Integrated Medical PLLC and Fobi LACL153743	Collection	District Court of Iowa - Polk County	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
PNC Equipment Finance, LLC vs Sound Integrated Medical Center, LLC and Fobi 2022-24089	Breach of Contract	Montgomery County, Pennsylvania 2 Airy Street Norristown, PA 19401	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
JB&B Capital, LLC vs Pacific Northwest Aesthetics Center, PLLC 206508-2	Breach of Contract	Chaneery Court for Knox County, Tennessee	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?  
Check all that apply and fill in the details below.

No. Go to line 11.  
 Yes. Fill in the information below.

Creditor Name and Address	Describe the Property	Date	Value of the property
Still Investigating	Explain what happened Bank Account garnished	12/9/2022	\$15,189.00
<input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input checked="" type="checkbox"/> Property was garnished. <input type="checkbox"/> Property was attached, seized or levied.			

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

No  
 Yes. Fill in the details.

Creditor Name and Address	Describe the action the creditor took	Date action was taken	Amount

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No  
 Yes

#### Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No  
 Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift and Address:			

## 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

 No Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Dates you contributed	Value
Charity's Name Address (Number, Street, City, State and ZIP Code)			

**Part 6: List Certain Losses**

## 15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

 No Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss	Date of your loss	Value of property lost
Catalytic Converter - Stolen from Vehicle	Allstate paid to repair vehicle - \$7000	2022	\$7,000.00

**Part 7: List Certain Payments or Transfers**

## 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

 No Yes. Fill in the details.

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Michael D. O'Brien, & Associates, P.C. 12909 SW 68th Parkway, Suite 160 Portland, OR 97223 mike@pdxlegal.com n/a	Retainer deposit and payment on account	Various as disclosed in Verified Statement	\$0.00

Cricket Debt Counseling 2019 SW Stark Street, Suite 200 Portland, OR 97204 Michael D. O'Brien 7 Associates			\$24.00
---	--	--	---------

## 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

 No Yes. Fill in the details.

Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment

**18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?**

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

No

Yes. Fill in the details.

Person Who Received Transfer Address	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person's relationship to you			
<b>Brian &amp; Jennifer Simmons 4223 NE 25th Ave Portland, OR 97211</b>			
Real Property at 415 SW 7th, Pendleton OR	sold for \$285,130	6/23/2022	
<b>None</b>			
John & Christa Glass 462 W. Orchard Ave. Hermiston, OR 97838	Real Property at 462 W. Orchard Ave in Hermiston, OR	Sold for \$209.500 which paid closing costs, first mortgage of Lakeview Loan Servicing LLC and net proceeds to the Debtor of \$89,710	7/8/2022
None			
Olympic Exchange Accomodators LLC 5127 103rd Ave SE Olympia, WA 98513	Real property located at 2496 Wintergreen Ave NW in Salem, Oregon	Sold for \$490,000 which paid closing costs, first mortgage of LoanCare Servicing, second mortgage of Valley Development and net proceeds to the Debtor of \$1,352	6/18/2021
None			
Westwell LLC	Approx. 22,000 shares of Swiftare LLC that were owned by SMS Northwest LLC were sold to Westwell LLC with right of Buyer to purchase additional 7250 shares	SMS Northwest LLC received \$25,464.81	2/7/2022
None			
Frank M. Warren, MD 7180 SW 68th Ave. Portland, OR 97223	Approx. 22,000 shares of Swiftare LLC that were owned by SMS Northwest LLC were sold to Frank Warren MD with right of Buyer to purchase additional 7250 shares	SMS Northwest LLC received \$25,464.81	2/7/2022
None			
Samuel G. Shiley MD	Approx. 22,000 shares of Swiftare LLC that were owned by SMS Northwest LLC were sold to Samuel Shiley MD with right of Buyer to purchase additional 7250 shares	SMS Northwest LLC received \$25,464.81	2/7/2022
None			
Lloyd Fobi 34500 NE 91st Ave. La Center, WA 98629	Approx. 600,000 shares of Apex Acute Services LLC	SMS Northwest LLC received \$25,000	3/28/2022
Brother			

Person Who Received Transfer Address	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person's relationship to you			
Lloyd Fobi 34500 NE 91st Ave. La Center, WA 98629	Sold Goodwill interest in Pacific NW Urgent Care inclusive of management of patient transfer	Received \$2500 with note for \$7,500 more within 18 months	1/2023
Brother			

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)

No  
 Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made
---------------	---	---------------------------

**Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

No  
 Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
--	------------------------------------	----------------------------------	---	---

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

No  
 Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
---	---	-----------------------	--------------------------

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

No  
 Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
--	---	-----------------------	--------------------------

**Part 9: Identify Property You Hold or Control for Someone Else**

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

No  
 Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
--	---	-----------------------	-------

**Part 10: Give Details About Environmental Information**

For the purpose of Part 10, the following definitions apply:

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or

toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.

- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- No
- Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
--	---	-----------------------------------	----------------

25. Have you notified any governmental unit of any release of hazardous material?

- No
- Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
--	---	-----------------------------------	----------------

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- No
- Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
---------------------------	---	--------------------	--------------------

#### Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- A member of a limited liability company (LLC) or limited liability partnership (LLP)
- A partner in a partnership
- An officer, director, or managing executive of a corporation
- An owner of at least 5% of the voting or equity securities of a corporation
- No. None of the above applies. Go to Part 12.
- Yes. Check all that apply above and fill in the details below for each business.

Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN.
SMS Northwest, LLC 6344 SE 87th Ave. Portland, OR 97266	Real Estate, Marketing, Medical Consulting. Active Entity  AVET CPA P.C.	Dates business existed EIN: 27-0845920  From-To 2004 - Present
Sound Integrated Medical Center PLLC 34716 1st Ave S Federal Way, WA 98003	Professional, Scientifics and Technical Services. Entity ceased operations  AVET CPA P.C.	EIN: 84-4589608  From-To 2/2020 - 2/2023

Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN.
Pacific Northwest Aesthetics Center PLLC 6344 SE 87th Ave. Portland, OR 97266	Health Care, Social Assistance and Service. Entity ceased operations  AVET CPA P.C.	EIN: 86-3060029  Dates business existed From-To 3/2021 - 2/2023
Pacific Northwest Urgent Care PLLC 900 Ocean Beach Hwy, Suite 110 Longview, WA 98632	Health Care, Social Assistance and Service. Active Entity  AVET CPA P.C.	EIN: 84-4675537  From-To 2/2020 - 1/2023
Agora Ventures LLC	Holding Company for Schiller LLC  AVET CPA P.C.	EIN: 81-2893656  From-To 2016-March 2021
Braided Data Solutions Inc.	Medical related artificial intelligence start up, never operated  AVET CPA P.C.	EIN: None Assigned  From-To 2018 - September 2022
MD Marketing LLC	Marketing services for medical professionals, never started business  AVET CPA P.C.	EIN: None Assigned  From-To 2020 - 2/2022
Sawubona LLC	Healthcare. Debtor owns 19% of this business  AVET CPA P.C.	EIN: 84-4700630  From-To 2020 - Present
Schiller LLC	Fractional ownership interest in Land with final payment in March 2021  AVET CPA P.C.	EIN: 83-3481127  From-To January 2020 - March 2021
Switcare LLC	Healthcare service provider  AVET CPA P.C.	EIN: 81-5351765  From-To February 2017 - February 2022
Apex Acute Services LLC	Healthcare Service Provider  AVET CPA P.C.	EIN: 84-5092775  From-To April 2020 to April 2022
Fobi Sports LLC c/o Lloyd Fobi 917 Meadows Lane SE Jefferson, OR 97352	Sports Health  Mike Su CPA	EIN: 86-3889926  From-To 1/1/2021 - Present

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

No

Yes. Fill in the details below.

Name

Address

(Number, Street, City, State and ZIP Code)

Date Issued

**Part 12: Sign Below**

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  
18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Aloysius N. Fobi

Aloysius N. Fobi

Signature of Debtor 1

\_\_\_\_\_  
**Signature of Debtor 2**

Date April 28, 2023

Date \_\_\_\_\_

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

No  
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No  
 Yes. Name of Person \_\_\_\_\_. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1	<b>Aloysius N. Fobi</b>		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	DISTRICT OF OREGON		
Case number (if known)			

Check if this is an amended filing

## B 104

### For Individual Chapter 11 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims Against You and Are Not Insiders

12/15

If you are an individual filing for bankruptcy under Chapter 11, you must fill out this form. If you are filing under Chapter 7, Chapter 12, or Chapter 13, do not fill out this form. Do not include claims by anyone who is an insider. Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20 percent or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Also, do not include claims by secured creditors unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information.

Part 1: List the 20 Unsecured Claims in Order from Largest to Smallest. Do Not Include Claims by Insiders.

		Unsecured claim
1	What is the nature of the claim?	Personal Guaranty of business debt owed by Sound Integrated Medical Center PLLC, an active Washington limited liability company. Balance sheet insolv
JP Morgan Chase Bank 10900 NE 8th St., Suite 1150 F11 Bellevue, WA 98004	As of the date you file, the claim is: Check all that apply	\$1,250,000.00
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply	
	Does the creditor have a lien on your property?	
	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured) Value of security: _____ Unsecured claim: _____	
2	What is the nature of the claim?	Personal Guaranty of business debt owed by Pacific Northwest Aesthetics Center LLC
ABL Alliance Center LLLP dba Hippo Lending		\$734,709.00

Debtor 1 Aloysius N. Fobi

Case number (if known) \_\_\_\_\_

**4551 Cox Road, Suite 402**  
**Glen Allen, VA 23060**

**As of the date you file, the claim is:** Check all that apply  
 Contingent  
 Unliquidated  
 Disputed  
 None of the above apply

**Does the creditor have a lien on your property?**

No  
 Yes. Total claim (secured and unsecured)  
Value of security: \_\_\_\_\_  
Unsecured claim: \_\_\_\_\_

**3**

**Kelsey Creek Center LLC**  
**15015 Main Street, Suite 203**  
**Bellevue, WA 98007**

**What is the nature of the claim?** **Personal guarantee of commercial lease of Pacific Northwest Aesthetics PLLC** **\$384,000.00**

**As of the date you file, the claim is:** Check all that apply  
 Contingent  
 Unliquidated  
 Disputed  
 None of the above apply

**Does the creditor have a lien on your property?**

No  
 Yes. Total claim (secured and unsecured)  
Value of security: \_\_\_\_\_  
Unsecured claim: \_\_\_\_\_

**4**

**MMP Capital**  
**19 Engineers Lane**  
**Farmingdale, NY 11735**

**What is the nature of the claim?** **Personal Guaranty of business debt owed by Sound Integrated Medical Center, PLLC** **\$182,000.00**

**As of the date you file, the claim is:** Check all that apply  
 Contingent  
 Unliquidated  
 Disputed  
 None of the above apply

**Does the creditor have a lien on your property?**

No  
 Yes. Total claim (secured and unsecured)  
Value of security: \_\_\_\_\_  
Unsecured claim: \_\_\_\_\_

**5**

**MMP Capital**  
**19 Engineers Lane**  
**Farmingdale, NY 11735**

**What is the nature of the claim?** **Personal Guaranty of business debt owed by Sound Integrated Medical Center, PLLC** **\$136,450.00**

**As of the date you file, the claim is:** Check all that apply  
 Contingent

Debtor 1 Aloysius N. Fobi Case number (if known) \_\_\_\_\_

Unliquidated  
 Disputed  
 None of the above apply

**Does the creditor have a lien on your property?**

No  
 Yes. Total claim (secured and unsecured)  
Value of security: \_\_\_\_\_  
Unsecured claim: \_\_\_\_\_

	<b>6</b>  <b>Bankers Health Group</b> 201 Solar St. Syracuse, NY 13024	<b>What is the nature of the claim?</b>	<b>Personal Guaranty of business debt owed by SMS Northwest, LLC</b>	<b>\$112,998.00</b>
		<b>As of the date you file, the claim is:</b> Check all that apply		
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <input type="checkbox"/> None of the above apply		
		<b>Does the creditor have a lien on your property?</b>		
		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Total claim (secured and unsecured) Value of security: <u><b>\$112,998.00</b></u> Unsecured claim: <u><b>\$0.00</b></u> <u><b>\$112,998.00</b></u>		
	<b>7</b>  <b>Channel Partners Capital LLC</b> c/o Brad Peterson, CEO 11100 Wayzata Blvd. #305 Minnetonka, MN 55305	<b>What is the nature of the claim?</b>	<b>Personal Guaranty of business debt owed by Sound Integrated Medical Center, PLLC</b>	<b>\$85,000.00</b>
		<b>As of the date you file, the claim is:</b> Check all that apply		
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply		
		<b>Does the creditor have a lien on your property?</b>		
		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured) Value of security: _____ Unsecured claim: _____		
	<b>8</b>  <b>Newlane Finance</b> 123 S. Broad St. 17th Floor Philadelphia, PA 19109	<b>What is the nature of the claim?</b>	<b>Personal Guaranty of business debt owed by Sound Integrated Medical Center, PLLC</b>	<b>\$72,160.00</b>
		<b>As of the date you file, the claim is:</b> Check all that apply		
		<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		

None of the above apply

**Does the creditor have a lien on your property?**

No

Yes. Total claim (secured and unsecured)  
Value of security: \_\_\_\_\_  
Unsecured claim: \_\_\_\_\_

**9****What is the nature of the claim?**

**Personal guaranty of equipment financing for 2020 NeuroStar SYS 300 system. Personal Guaranty of business debt owed by Sound Integrated Medical Center,**

**\$67,250.00**

**PNC Equipment Finance LLC**  
Legal Notice Department  
655 Business Center Dr, Suite  
250  
Horsham, PA 19044

**As of the date you file, the claim is:** Check all that apply

Contingent  
 Unliquidated  
 Disputed  
 None of the above apply

**Does the creditor have a lien on your property?**

No

Yes. Total claim (secured and unsecured)  
Value of security: \_\_\_\_\_  
Unsecured claim: \_\_\_\_\_

**10**

**New Direction Trust Company**  
FBO Erik Martin  
3938 NE 21st Ave.  
Portland, OR 97212

**What is the nature of the claim?****Personal Loan****\$60,000.00****As of the date you file, the claim is:** Check all that apply

Contingent  
 Unliquidated  
 Disputed  
 None of the above apply

**Does the creditor have a lien on your property?**

No

Yes. Total claim (secured and unsecured)  
Value of security: \_\_\_\_\_  
Unsecured claim: \_\_\_\_\_

**11**

**AES/ American Education Services**  
Bankruptcy Notices  
PO Box 2461  
Harrisburg, PA 17105

**What is the nature of the claim?****Student Loan****\$39,042.00****As of the date you file, the claim is:** Check all that apply

Contingent  
 Unliquidated  
 Disputed  
 None of the above apply

Debtor 1	<b>Aloysius N. Fobi</b>	Case number (if known)	
<b>Does the creditor have a lien on your property?</b>			
Contact	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured) Value of security: _____ Unsecured claim: _____		
Contact phone			
<b>12</b>	<b>What is the nature of the claim?</b>	<b>Personal Loan</b>	<b>\$30,000.00</b>
<b>As of the date you file, the claim is:</b> Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply			
<b>Does the creditor have a lien on your property?</b>			
Contact	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured) Value of security: _____ Unsecured claim: _____		
Contact phone			
<b>13</b>	<b>What is the nature of the claim?</b>	<b>Personal Guaranty of business debt owed by Sound Integrated Medical Center, PLLC</b>	<b>\$28,820.00</b>
<b>As of the date you file, the claim is:</b> Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply			
<b>Does the creditor have a lien on your property?</b>			
Contact	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured) Value of security: _____ Unsecured claim: _____		
Contact phone			
<b>14</b>	<b>What is the nature of the claim?</b>	<b>Personal Guaranty of business debt owed by Sound Integrated Medical Center, PLLC</b>	<b>\$26,290.00</b>
<b>As of the date you file, the claim is:</b> Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input checked="" type="checkbox"/> None of the above apply			
<b>Does the creditor have a lien on your property?</b>			
Contact	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Total claim (secured and unsecured) Value of security: _____		
Contact phone			

Debtor 1	<b>Aloysius N. Fobi</b>	Case number (if known)	
Contact phone		Unsecured claim	
<b>15</b>	<b>Capital One PO Box 30285 Salt Lake City, UT 84130-0281</b>	<b>What is the nature of the claim?</b>	<b>Credit Card</b>
		<b>As of the date you file, the claim is:</b> Check all that apply	
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<input checked="" type="checkbox"/> None of the above apply	
<b>Does the creditor have a lien on your property?</b>			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes. Total claim (secured and unsecured)		Value of security: _____	
		Unsecured claim _____	
<b>16</b>	<b>Channel Partners Capital LLC c/o Brad Peterson, CEO 11100 Wayzata Blvd. #305 Minnetonka, MN 55305</b>	<b>What is the nature of the claim?</b>	<b>Personal Guaranty of business debt owed by Sound Integrated Medical Center, PLLC</b>
		<b>As of the date you file, the claim is:</b> Check all that apply	
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<input checked="" type="checkbox"/> None of the above apply	
<b>Does the creditor have a lien on your property?</b>			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes. Total claim (secured and unsecured)		Value of security: _____	
		Unsecured claim _____	
<b>17</b>	<b>Channel Partners Capital LLC c/o Brad Peterson, CEO 11100 Wayzata Blvd. #305 Minnetonka, MN 55305</b>	<b>What is the nature of the claim?</b>	<b>Personal Guaranty of business debt owed by Sound Integrated Medical Center, PLLC</b>
		<b>As of the date you file, the claim is:</b> Check all that apply	
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<input checked="" type="checkbox"/> None of the above apply	
<b>Does the creditor have a lien on your property?</b>			
<input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes. Total claim (secured and unsecured)		Value of security: _____	
		Unsecured claim _____	
<b>18</b>	<b>What is the nature of the claim?</b>	<b>Personal Guaranty of business debt owed</b>	<b>\$20,000.00</b>

Debtor 1 Aloysius N. Fobi Case number (if known) \_\_\_\_\_

by Sound Integrated  
Medical Center, PLLC

Channel Partners Capital LLC  
c/o Brad Peterson, CEO  
11100 Wayzata Blvd. #305  
Minnetonka, MN 55305

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed  
 None of the above apply

Does the creditor have a lien on your property?

No  
 Yes. Total claim (secured and unsecured)

Value of security: \_\_\_\_\_  
Unsecured claim \_\_\_\_\_

19 Chase Bank Card Services Credit Card \$15,197.00

Bankruptcy Notices  
PO Box 15298  
Wilmington, DE 19850-5298

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed  
 None of the above apply

Does the creditor have a lien on your property?

No  
 Yes. Total claim (secured and unsecured)

Value of security: \_\_\_\_\_  
Unsecured claim \_\_\_\_\_

20 Bank Of America Credit card purchases \$12,820.00

Bankruptcy Notices-  
FL9-600-02-26  
PO Box 45224  
Jacksonville, FL 32232-5224

As of the date you file, the claim is: Check all that apply

Contingent  
 Unliquidated  
 Disputed  
 None of the above apply

Does the creditor have a lien on your property?

No  
 Yes. Total claim (secured and unsecured)

Value of security: \_\_\_\_\_  
Unsecured claim \_\_\_\_\_

**Part 2: Sign Below**

Under penalty of perjury, I declare that the information provided in this form is true and correct.

X /s/ Aloysius N. Fobi  
Aloysius N. Fobi  
Signature of Debtor 1

X \_\_\_\_\_  
Signature of Debtor 2

Date April 28, 2023 Date \_\_\_\_\_

Debtor 1

**Aloysius N. Fobi**

Case number (if known)